

Steven L. Beshear Governor

### ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

Robert D. Vance Secretary

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601
PHONE (502) 564 – 3410
FAX (502) 564 – 5105
www.kentucky.gov

March 14, 2008

Ms. Cathy Frazier New Ridge Mining Co. PO Box 299, North Big Creek Road Sidney, KY 41564

Re:

**KPDES Application Complete** 

KPDES No.: KY0003492 New Ridge Mining Co

AI ID: 1718

Activity ID: APE20080001 Harlan County, Kentucky

Dear Ms. Frazier,

Your revised Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on January 31, 2008. A completeness review of your permit application has been conducted. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. In accordance with 401 KAR 5:075, Section 1(7) you are being provided written notification that your application has been deemed complete as of the date of this letter.

If you have any questions concerning this matter, please call me at (502) 564-8158, extension 652.

Sincerely,

Allen Ingram II

Environmental Engineer Assistant I KPDES Branch

Division of Water

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**Enclosures** 

London Regional Office

Division of Water Files



Box 271 2550 W. Hwy 72 Suite 1 Harlan, KY 40831

Email: rlee@howardeng-geo.com

Phone: 606-573-6924 Fax: 606-573-9543

JAN 3 1 2008

January 29, 2008

Natural Resources & Environmental Protection Cabinet Department for Environmental Protection Division of Water Frankfort Office Park, 14 Reilly Road Frankfort, Kentucky 40601

Subject: New Ridge Mining Company

KPDES No.: KY0003492 (Renewal Application) DSMRE No. 848-5434/848-9023/848-9024

Dear Sir:

Attached please find Form 1 and Form C for the above referenced NPDES permit renewal application. A General Location Map on the Evarts 7 ½ minute, USGS topographic map and a cashier's check for \$6400.00 for application fee, have been included. Please contact our office at 606-573-6924 Ext.120 if you need any additional information.

Sincerely,

Robert Lee



ERNIE FLETCHER
GOVERNOR

### **ENVIRONMENTAL AND PUBLIC PROTECTION CABINET**

TERESA J. HILL SECRETARY

DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601
www.kentucky.gov

November 28, 2007

JAN 3 1 2008

CATHY FRAZIER MINING, CO

New Herizens Coal, Incorporated -996 Route 990 Coalgood, Kentucky 40818

RE: KPDES No. KY0003492

New Herizons Coal, Incorporated

Harlan County, Kentucky

NEW RIDGE MINING COMPANY.

Dear Mr. Pankey:

Our records indicate that your Kentucky Pollutant Discharge Elimination System (KPDES) permit is due to expire on June 30, 2008. According to the KPDES Regulation 401 KAR 5:060, "any person with a currently effective permit shall submit a new application at least 180 days before the expiration of the existing permit..." The due date for your permit renewal application is December 31, 2007.

Please complete the enclosed application forms and return to the KPDES Branch, Division of Water, at the above address by the indicated due date. Applications received after the due date are in violation of 401 KAR 5:060, Section 1, which could result in enforcement action being taken.

If you have any questions regarding the completion of these forms, please contact me at (502) 564-8158, extension 470, or Ann Workman at extension 528.

Sincerely,

Vickie L. Prather, Acting Supervisor

Inventory and Data Management Section

KPDES Branch
Division of Water

VLP:ASW:asw

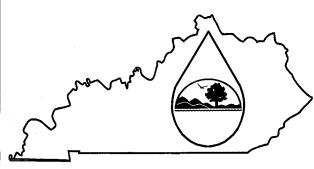
Enclosures

C: London Regional Office Division of Water Files



# **KPDES FORM 1**

AI: 1718



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

JAN 3 1 2008

## PERMIT APPLICATION

This is an application to: (check one)	A complete application consists of this form and one of the
Apply for a new permit.	following:
Apply for reissuance of expiring permit.	Form A, Form B, Form C, Form F, or Short Form C
Apply for a construction permit.	# 4600
Modify an existing permit.	For additional information contact: 4 (4)
Give reason for modification under Item II.A.	KPDES Branch (502) 564-3410
I. FACILITY LOCATION AND CONTACT INFORMATIO	N AGENCY DO003492
A. Name of business, municipality, company, etc. requesting permit New Ridge Mining Company	
B. Facility Name and Location	C. Facility Owner/Mailing Address
Facility Location Name:	Owner Name:
New Ridge Mining Company	New Ridge Mining Company
Facility Location Address (i.e. street, road, etc.):	Mailing Street:
006 Pauta 000	P.O. Box 299, North Big Creek Road,
996, Route 990 Facility Location City, State, Zip Code:	Mailing City, State, Zip Code:
Tuelity Eccution City, Suite, 21p Code.	
Coalgood, Kentucky 40818	Sidney,KY 41564
	Telephone Number: 606-353-7201
A. Provide a brief description of activities, products, etc: Coal passociated areas.	greparation plants, distorground innie, reruse disposar areas and
B. Standard Industrial Classification (SIC) Code and Description	
Principal SIC Code &	
Description: 1221 - Same as "A" above	
Description.	
Other SIC Codes:	
III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map	for the site. (See instructions)
B. County where facility is located:	City where facility is located (if applicable):
Harlan	Near Mary Helen, Ky
C. Body of water receiving discharge:	
Turtle Creek	
D. Facility Site Latitude (degrees, minutes, seconds):	Facility Site Longitude (degrees, minutes, seconds):
36-48-50	83-15-25
E. Method used to obtain latitude & longitude (see instructions):	USGS 7 1/2 topographic quadrangle map
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable)	: N/A

IV. OWNER/OPERATOR INFORMAT	ION		
A. Type of Ownership:			
☐ Publicly Owned ☐ Privately Own  B. Operator Contact Information (See instr		Both Public and Priv	vate Owned  Federally owned
Name of Treatment Plant Operator:	actions)	Telephone Number:	
N/A			
Operator Mailing Address (Street): N/A			
Operator Mailing Address (City, State, Zip Code):			
N/A Is the operator also the owner?		Is the operator certified?	If yes, list certification class and number below.
Yes No No		Yes No	
Certification Class:		Certification Number:	
A CONTRACTOR OF THE CONTRACTOR			
V. EXISTING ENVIRONMENTAL PER Current NPDES Number:	RMITS  Issue Date of Current Pern	-71.	
		mt:	Expiration Date of Current Permit:
KY0003492 Number of Times Permit Reissued:	3-3-1994 Date of Original Permit Iss	illance'	6-30-2008 Sludge Disposal Permit Number:
		suance.	
Kentucky DOW Operational Permit #:	10-28-1983 Kentucky DSMRE Permit	Number(s):	N/A
		• • • • • • • • • • • • • • • • • • • •	
N/A	848-5434, 848-9023 and 8	48-9024	N/A
C. Which of the following additional enviro	nmental permit/registra	tion categories will als	so apply to this facility?
CATEGORY	EXISTING PER	MIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	0-81-026		
Solid or Special Waste	N/A		
Hazardous Waste - Registration or Permit	N/A		
	171824		
VI. DISCHARGE MONITORING REPO	ORTS (DMRs)		
KPDES permit holders are required to sul	bmit DMRs to the Div		regular schedule (as defined by the KPDES
permit). The information in this section serving for submitting DMR forms to the Division of		fy the department, off	ice or individual you designate as responsible
for submitting DWR forms to the Division of	or water.		
A. Name of department, office or official su	bmitting DMRs:	Technical Water Lab	poratories
B. Address where DMR forms are to be sen	t. (Complete only if add	ress is different from	mailing address in Section I.)
DMR Mailing Name:	DSMRE/Middlesboro I	Regional Office	
DMR Mailing Street:	1804 East Cumberland	Avenue	
DMR Mailing City, State, Zip Code:	Middlesboro, KY 4096	5	
DMR Official Telephone Number:	606-248-6166		

																ĭ			

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

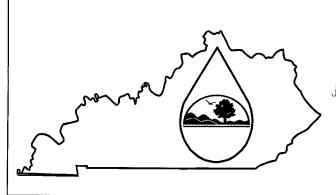
Facility Fee Category:	Filing Fee Enclosed:
Major Industry	\$640.00

#### VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Cathy Frazier, Authorized Agent	606-573-1851
SIGNATURE	DATE:
Cathy traz	1-27-08

# **KPDES FORM C**



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

JAN 3 1 2008

#### **PERMIT APPLICATION**

A complete application consists of this form and Form 1. For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: New Ridge Mining Company	County: Harlan	
I. OUTFALL LOCATION	AGENCY USE	

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No.	1002	LATITUDE			LONGITUDI	3	
(list)	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	RECEIVING WATER (name)
Lake	36	16	55	82	14	13	Turtle Creek
						1	

#### II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO.	OPERATION(S) CONTRIBU	TING FLOW	TREATM	ENT
(list)	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
Lake	Mine Management (848-5146)		Preparation Plants	1-U
	Left Fork Imp. (848-9004)		Refuse Impoundment	1-U
**************************************	Right Fork Imp. (848-9005)		Refuse Impoundment	1-U

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)
C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?
Yes (Complete the following table.)  No (Go to Section III.)
OUTFALL OPERATIONS NUMBER CONTRIBUTING FLOW Per Week Per (in mgd) (specify with units) (in days)  (list) (list) (specify (specify Long-Term Maximum Average) Average Daily  FLOW  Long-Term Maximum Average Daily
III. MAXIMUM PRODUCTION
A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?
Yes (Complete Item III-B) List effluent guideline category:
No (Go to Section IV)
B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?
Yes (Complete Item III-C) No (Go to Section IV)
C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.
MAXIMUM QUANTITY  Affected Outfalls  Quantity Per Day  Units of Measure  Operation, Product, Material, Etc. (list outfall numbers)  (specify)
IV. IMPROVEMENTS
A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.
Yes (Complete the following table) No (Go to Item IV-B)
IDENTIFICATION OF CONDITION AGREEMENT, ETC. AFFECTED OUTFALLS BRIEF DESCRIPTION OF PROJECT Required Projected

Revised June 1999

environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other

program is now under way or planned, and indicate your actual or planned schedules for construction.

Α,	В, & С:	space provided	•			for each outfall – A	annotate the outfall number in t	he
D.	which you	know or have reas	son to believe is d	ischarged or ma	y be discharged	tion 313) listed in T I from any outfall. I cal data in your pos	Table C-3 of the instructions, For every pollutant you list, session.	
N/		UTANT	SOUR	RCE	POL	LUTANT	SOURCE	
VI	. POTENT	IAL DISCHARC	ES NOT COVE	RED BY ANAI	LYSIS			
A.	Is any pollu	ntant listed in Item		or a component	of a substance	which you use or p	roduce, or expect to use or	Tit Te Luce
,		Yes (List all su	ch pollutants belo	w)	⊠ N	lo (Go to Item VI-B	9)	
	·							
В.						easonably be expectimum values report	ted to vary so that your ed in Item V?	
		Yes (Complete	Item VI-C)	No (	Go to Item VII	)		
C.	expected le		tants which you ar				ty at this time the sources and the next 5 years. Continue on	

V. INTAKE AND EFFLUENT CHARACTERISTICS

VII. BIOLO	GICAL TOXICI	TYTESTING DAT	Γ <b>Α</b>				
		r reason to believe the rin relation to your				oxicity has been r	nade on any of your
	Yes (Identify th	ne test(s) and describ	e their purpos	ses below)	$\boxtimes$	No (Go to Sect	ion VIII)
L. CAND	DAGT ANALVS	IS INFORMATIO	No.				
				at laboratory or	consulting fir	m?	Elizabeth production in the second second
· —		d in Item V perform		•			o to Cootion IV)
		me, address, and tele by each such labora			ants	⊠ No (G	o to Section IX)
NA	ME	ADDRE	SS		EPHONE le & number)		LLUTANTS LYZED (list)
IX. CERTIFIC							
with a system of	lesigned to assure	that qualified person	nnel properly	gather and evalu	ate the inforn	nation submitted.	vision in accordance Based on my inquiry
submitted is, to	the best of my k	mage the system, or nowledge and belied luding the possibility	f, true, accura	te, and complete	e. I am aware	that there are sig	tion, the information nificant penalties for
NAME AND C	OFFICIAL TITLE	(type or print):		TEL	EPHONE NU	MBER (area code	e and number):
Cathy Frazier,	Authorized Agen				573-1851		
SIGNATURE	Cath	y Fraz	_	DAT	E /-27	-08	

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND	EFFLUENT CHA	RACTERIST	ICS (Continued fro	m page 3 of Fo	rm C)					OUTFALL NO.			
						la Casasab sutfo	II. Can instruction	s for additional detail					
Part A – You must	st provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.  2. 3. UNITS (specify if blank)										4. INTAKE (optional)		
1. POLLUTANT	a. Maximum I	Daily Value	b. Maximum 30 (if avail	)-Day Value	c. Long-Term . (if availa		d. No. of	a. Concentration	b. Mass	a. Long-Term Avg. Value		b	
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses		,	(1) Concentration	(2) Mass	No of Analyses	
a. Biochemical Oxygen Demand (BOD)													
b. Chemical Oxygen Demand (COD)													
c. Total Organic Carbon (TOC)		·				ŀ							
d. Total Suspended Solids (TSS)	70.0	Mg/l	35.0	Mg/l					-L				
e. Ammonia (as N)													
f. Flow (in units of MGD)	VALUE		VALUE		VALUE				MGD	VALUE			
g. Temperature (winter)	VALUE	41.2	VALUE		VALUE				°c	VALUE			
h. Temperature (summer)	VALUE	74	VALUE		VALUE				°c	VALUE			
i. pH	MINIMUM 6.0	MAXIMUM 9.0	MINIMUM 6.0	MAXIMUM 9.0				STAN	DARD UNITS				

Part B - In the MARK "X" column, place an "X" in the <u>Believed Present</u> column for each pollutant you know or have reason to believe is present. Place an "X" in the <u>Believed Absent</u> column for each pollutant you believe to be absent. If you mark the <u>Believed Present</u> column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and

requirements.													6.	
1. POLLUTANT	MAR	). V «V»			100	3. FLUENT				4. UNITS		INTAR	o. Œ (option	al)
AND CAS NO.	a.	b.	a. Maximum Dai	ly Value	b. Maximum 3 Value (if avai	0-Day	c. Long-Tern Value (if ava		d. No. of	a.	b.	a. Long-Term Value	Avg	b. No. of
(if available)	Believed Present	Believed Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses	Concentration	Mass	(1) Concentration	(2) Mass	Analyses
a. Bromide (24959-67-9)		Х												
b. Bromine Total Residual		Х												
c. Chloride		x												
d. Chlorine, Total		v												
Residual	1	X							-					
e. Color f. Fecal		X												
Coliform		X												
g. Fluoride (16984-48-8)		x												
h. Hardness (as CaCO <sub>3</sub> )	x		327	Mg/L										
i. Nitrate Nitrite (as N)		х												
j. Nitrogen, Total														
Organic (as N)		x												
k. Oil and Grease		x												
Phosphorous     (as P), Total					-									
7723-14-0 m.	ļ	<u> </u>		<u></u>	<u></u>				L		<u> </u>			1
Radioactivity	-	,		T			1	т	1	1			T	Г
(1) Alpha, Total		x										:		
(2) Beta, Total		x												
(3) Radium Total		х												
(4) Radium, 226, Total		х											<u></u>	

														6.7 JUL
Part B - Continue  1.	2				10,121	3. LUENT				4. UNITS		INTAK	5. E (option:	al)
POLLUTANT And CAS NO.	MAR a.	b.	a. Maximum Dail	e Value	b. Maximum 3 Value (if avail	0-Day	c. Long-Tern Value (if avai		d. No. of	a.	b.	a. Long-Term Avg		b. No. of
(if available)	Believed Present	Believed Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses	Concentration	Mass	(1) Concentration	(2) Mass	Analyses
n. Sulfate (as SO <sub>4</sub> ) (14808-79-8)			78	Mg/l										
o. Sulfide (as S)		х												
p. Sulfite (as SO <sub>4</sub> ) (14286-46-3)		х												
q. Surfactants		X												
r. Aluminum, Total (7429-90)		x						-						
s. Barium, Total (7440-39-3)		x												<u> </u>
t. Boron, Total (7440-42-8)		х												
u. Cobalt, Total (7440-48-4)		х												
v. Iron, Total (7439-89-6)	Х		7.0	Mg/	3.5	Mg/								
w. Magnesium Total (7439-96-4)		x												
x. Molybdenum Total (7439-98-7)		х												
y. Manganese, Total (7439-96-6)	x		4.0	Mg/	2.0	Mg/								
z. Tin, Total (7440-31-5)		x												
aa. Titanium, Total (7440-32-6)		х												

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the Testing Required column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Mark "X: in the Believed Absent column for each pollutant you believe to be absent. If you mark either the Testing Required or Believed Present columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

2.

3.

4.

5.

		2. MARK "X"	100000000000000000000000000000000000000				3. LUENT			r i ja	4. UNITS		INTAK	5. E (optiona	d)
POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	Value	b. Maximum 3 Value (if avai	0-Day	c. Long-Term Value (if avail		d. No. of	a. Concentration	b. Mass	a. Long-Term Av		b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
METALS, CYAN	NIDE AND T	OTAL PHE	NOLS												
1M. Antimony Total (7440-36-0)	x	į		0.003	Mg/L										
2M. Arsenic, Total															
(7440-38-2)	x			0.001	Mg/L										ļ
3M. Beryllium Total (7440-41-7)	x			0.003	Mg/L						3				
4M. Cadmium				0.005	8										
Total (7440-43-9)	x		ļ	0.003	Mg/L										
5M. Chromium Total (7440-43-9)	x			0.002	Mg/L										
6M. Copper Total (7550-50-8)				0.01	Mg/L										
7M. Lead Total (7439-92-1)	x			0.002	Mg/L										
8M. Mercury Total (7439-97-6)				0.001	Mg/L										
9M. Nickel, Total (7440-02-0)	x			0.01	Mg/L										
10M. Selenium, Total (7782-49-2)				0.002	Mg/L										
11M. Silver, Total (7440-28-0)				0.01	Mg/L										

Part C - Continu	ed														
		2. MARK "X"					3. LUENT				4. UNITS		INTAK	5. E (options	0
1. POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Dai	ly Value	b. Maximum 3 Value (if avail	0-Day	c. Long-Term Value (if avail		d. No. of	a. Concentration	b. Mass	a. Long-Term Av	g Value	b. No. of
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	Analyses
METALS, CYAN	NIDE AND T	OTAL PHE	NOLS (Con	tinued)			,								
12M. Thallium, Total (7440-28-0)				0.1	Mg/L										
13M. Zinc, Total (7440-66-6)	x			0.004	Mg/L										
14M. Cyanide, Total (57-12-5)	x			0.01	Mg/L										
15M. Phenols, Total	x			0.01	Mg/L										
DIOXIN	<u> </u>			0.01	Wig/L			1							
2,3,7,8 Tetra-				DESCRIBE RE	SULTS:										
chlorodibenzo, P, Dioxin (1784-01-6)			x												
GC/MS FRACT	ION - VOLA	TILE COM	POUNDS				T		т	T				T	
1V. Acrolein (107-02-8)			x												
2V. Acrylonitrile (107-13-1)			x												
3V. Benzene (71-43-2)			X				<u> </u>								
5V. Bromoform (75-25-2)			x												
6V. Carbon Tetrachloride (56-23-5)			x												
7V. Chloro- benzene (108-90-7)			x												
8V. Chlorodibro- momethane (124-48-1)			x												

Part C - Continu	ed														
		2. MARK "X"				Diri:	3. LUENT				4. UNITS		INTAK	5. E (options	d)
POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	Value	b. Maximum 3 Value (if avai	0-Day	c. Long-Term Value (if avail		d. No. of	a. Concentration	b. Mass	a. Long-Term Av		b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
9V.		2		Сопссии апон	113435	Concentration	172450			::::::::::::::::::::::::::::::::::::::					
Chloroethane (74-00-3)			x												
10V. 2-Chloro- ethylvinyl Ether (110-75-8)		-	х												
11V.			1												
Chloroform (67-66-3)			x												
12V. Dichloro-															
bromomethane (75-71-8)			x												
14V. 1,1-													Ì	l	
Dichloroethane (75-34-3)			x	·											
15V. 1,2-															
Dichloroethane (107-06-2)			x												
16V. 1,1- Dichlorethylene (75-35-4)			x										3		
17V. 1,2-Di- chloropropane															
(78-87-5)			X						-		<del></del>				
18V. 1,3- Dichloropro-														į	
pylene (452-75-6)			X												
19V. Ethyl- benzene															
(100-41-4)			X							ļ					
20V. Methyl Bromide															
(74-83-9)	ــــــــــــــــــــــــــــــــــــــ		X	L		1							1	L	

Part C - Continu	ed										3			5.	
1.		2. MARK "X"				ERI	3. LUENT				4. UNITS		INTAK	5. E (optiona	
POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	y Value	b. Maximum 3 Value (if avai		c. Long-Term Value (if avail	able)	d. No. of	a. Concentration	b. Mass	a. Long-Term Av		b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
21V. Methyl Chloride (74-87-3)			x												
22V. Methylene Chloride (75-00-2)			x												
23V. 1,1,2,2- Tetrachloro- ethane (79-34-5)			x												
24V. Tetrachloro- ethylene (127-18-4)			x												
25V. Toluene (108-88-3)			x												
26V. 1,2-Trans- Dichloro- ethylene (156-60-5)			x												
27V. 1,1,1-Tri- chloroethane (71-55-6)			X												
28V. 1,1,2-Tri- chloroethane (79-00-5)			X												
29V. Trichloro- ethylene (79-01-6)			x												
30V. Vinyl Chloride (75-01-4)			X												

Part C – Continu	ed													5.	
		2.					3. LUENT				4. UNITS		INTAK	S. E (optiona	in .
1. POLLUTANT And CAS NO.	a. Testing	MARK "X" a. Believed	b. Believed	a. Maximum Daily	Value	b. Maximum 3 Value (if avai	0-Day	c. Long-Term Value (if avail		d. No. of	a. Concentration	b. Mass	a. Long-Term Av	g Value	b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
GC/MS FRACT	ON – ACID	COMPOUN	DS			3.3.0									
1A. 2-Chloro-															İ
phenol (95-57-8)			X											_	
2A. 2,4- Dichlor- Orophenol (120-83-2)			x	,											
3A. 2,4-Dimeth- ylphenol (105-67-9)			x												
4A. 4,6-Dinitro- o-cresol (534-52-1)			x												
5A. 2,4-Dinitro- phenol (51-28-5)			x												
6A. 2-Nitro- phenol (88-75-5)			x												
7A. 4-Nitro- phenol (100-02-7)			X												
8A. P-chloro-m- cresol															
9A. Pentachloro- phenol			X												
(87-88-5)			-		-										1
(108-05-2) 11A. 2,4,6-Tri-	-		X						-						
chlorophenol (88-06-2) GC/MS FRACT	NON BASE	(AVELIED A.	X	NDC											
1B. Acena-	ION - BASE	/NEU I KAI	COMPOU	מעוו	T	1	T			Τ΄				T	T
phthene (83-32-9)			X												

Part C - Continu	ed														
		2.					3.				4.		NOTE	5.	N.
1.	النافاتين الداف	MARK "X"				EFF	LUENT	Langue de la companya	Co. A. Marini, J. A. Alli		UNITS			E (options	
POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Dail	y Value	b. Maximum 3 Value (if avai	0-Day lable)	c. Long-Term Value (if avai)		d. No. of	a. Concentration	b. Mass	a. Long-Term Av	g Value	b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
GC/MS FRACTI	ON – BASE/	NEUTRAL	COMPOUN	DS (Continued)								,			
2B. Acena-						ļ				Į.					
phtylene (208-96-8)			x												
3B. Anthra-					1	ļ									
cene (120-12-7)			x												
4B.															
Benzidine (92-87-5)			X												
5B. Benzo(a)-		1								ļ					
anthracene (56-55-3)			x												
6B. Benzo(a)-							1		l						
pyrene (50-32-8)			x												
7B. 3,4-Benzo-							į								
fluoranthene (205-99-2)			x												
8B. Benzo(ghl)												1			
perylene		1					ļ					1			
(191-24-2)			X				1	<del>                                     </del>	-	<del> </del>					-
9B. Benzo(k)- fluoranthene										1					
(207-08-9)			X												
10B. Bis(2-															
chlor-			x				1		1						
oethoxy)- methane			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \												
(111-91-1)				1		1					1				
11B. Bis															
(2-chlor-															
oisopropyl)-			X												
Ether			-				1		-	<del> </del>		-		<u> </u>	<del> </del>
12B. Bis (2-ethyl-															
hexyl)-			X												
phthalate			1 "												
(117-81-7)			<u> </u>					<u></u>	1						

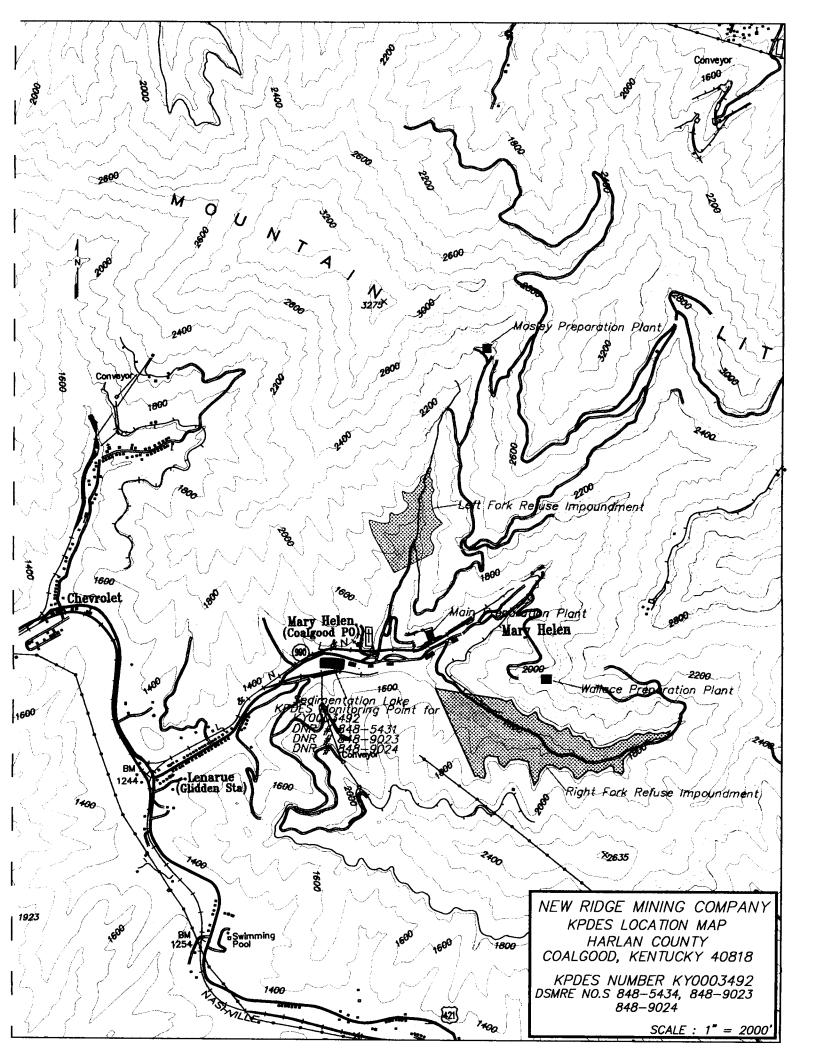
Part C - Continu	ed										4.			5.	
		2. MARK "X"				מופות.	3. LUENT				UNITS		INTAK	E (option:	d)
1. POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	. Value	b. Maximum 3 Value (if avai	0-Day	c. Long-Term Value (if avail		d. No. of	a. Concentration	b. Mass	a. Long-Term Av	g Value	b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
GC/MS FRACT	ON – BASE/	NEUTRAL	COMPOUN											T	
13B. 4-Bromo- phenyl Phenyl ether (101-55-3)			x												
14B. Butyl- benzyl phthalate (85-68-7)			x												
15B. 2-Chloro- naphthalene (7005-72-3) 16B. 4-Chloro-			х												
phenyl phenyl ether (7005-72-3)			x												
17B. Chrysene (218-01-9)			x												
18B. Dibenzo- (a,h) Anthracene (53-70-3)			x			•		:							
19B. 1,2- Dichloro- benzene (95-50-1)			x												
20B. 1,3- Dichloro- Benzene (541-73-1)			x												
21B. 1,4- Dichloro- benzene (106-46-7)			x												
22B. 3,3- Dichloro- benzidene (91-94-1)			x												
23B. Diethyl Phthalate (84-66-2)			х												

Part C – Continu		2. MARK "X"				200	3. LUENT			T STORY	4. UNITS		INTAK	5. E (options	n)
1. POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily		b. Maximum 3 Value (if avai	0-Day	c. Long-Term Value (if ayail	Avg.	d. No. of	a. Concentration	b. Mass	a. Long-Term Av		b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
GC/MS FRACT	ION – BASE/	NEUTRAL	COMPOUN											-	
24B. Dimethyl															
Phthalate		1													
(131-11-3)			X				-			-					
25B. Di-N-	İ	ì							İ						
butyl Phthalate			v									ĺ			İ
(84-74-2) 26B.			X				<del>                                     </del>								
2,4-Dinitro-						ļ					ļ				
toluene	1		x	1	1							Ì			
(121-14-2)			1												ļ
27B.	<b> </b>													i	
2,6-Dinitro-		1					ĺ								
toluene	Į.		X												
(606-20-2)	<u> </u>									ļ					<b>!</b>
28B. Di-n-octyl		İ			1										
Phthalate					1			ļ							
(117-84-0) 29B. 1,2-	-		X					<del> </del>	<b>-</b>			<b></b>			
diphenyl-		1					1								
hydrazine (as	1		x												1
azonbenzene)			^*				}	i	İ						
(122-66-7)			ļ		1										
30B.															
Fluoranthene		1					1	i	1	1					
(208-44-0)			X		ļ					<del>                                     </del>		-			
															1
31B. Fluorene			x												
(86-73-7) 32B.		-	A		<del> </del>				-	<del> </del>	1				
Hexachloro-												İ			
benzene			x												}
(118-71-1)			1.		1		İ		İ						
33B.			1												1
Hexachloro-															
butadiene		1	X		i						1				
(87-68-3)		ļ				-			<del> </del>	<del> </del>	+	+		ļ	+
34B.															
Hexachloro- cyclopenta-			x				1	1						İ	
diene	1		^												
(77-47-4)	1		1								<u> </u>				
··· +1-+1															

Part C - Continu	red			· · · · · · · · · · · · · · · · · · ·											
15: 1: 13: 11: 11: 11: 11: 11: 11: 11: 11:		2.					3.				4.			5.	
1.		MARK "X"				EFF	LUENT				UNITS			E (optiona	
POLLUTANT												ь.	a. Long-Term Av		b. No. of
And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Dail	V.I.	b. Maximum 3 Value (if avai		c. Long-Term Value (if avail		d. No. of	a. Concentration	Mass	Long-Term Av	gvalue	Analyses
(if available)	Required	Present	Absent	(1)	(2)	(1)	(2)	(I)	(2)	Analyses	Concentration	774455	(1)	(2)	- 21141,303
II.			ADSCIII	Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
GC/MS FRACT	ION - BASE/	NEUTRAL	COMPOUN		1		4				Cara de la Caración d				
35B. Hexachlo-											.,,				
roethane															1
(67-72-1)			X												
36B. Indneo-															'
(1,2,3-oc)-										i					'
Pyrene			X						ļ						'
(193-39-5)			İ						1						
37B.						1									
Isophorone		Ì			1					1					'
(78-59-1)	ļ		X				1								Į '
38B.															
Napthalene								İ		· ·					1
(91-20-3)			X		1										
39B.															
Nitro-		i					1					1			1
benzene			X	1		į.									1 '
(98-95-3)			1												
40B. N-Nitroso-					<b>i</b>	· · · · · · · · · · · · · · · · · · ·									
dimethyl-			i				1		ĺ						
amine		1	X												
(62-75-9)	Į.	1	''	1			1								1
41B.							†	1	İ -						
N-nitrosodi-n-	1														
propylamine			X			1		ì							
(621-64-7)			1												
42B. N-nitro-		1							i						
sodiphenyl-															
amine		1	X								l				
(86-30-6)							1								
43B. Phenan-	<u> </u>	1			1		1								
threne					1			1							1
(85-01-8)			x												1
(-2 02 0)		<b></b>	<u> </u>	<u> </u>	İ										1
44B. Pyrene			1												
(129-00-0)			X						1						1
45B. 1,2,4 Tri-	<del> </del>	1	<del>  ^`</del>	<del>                                     </del>	<del>                                     </del>		1		1	1		1			1
chloro-	ł	1					1		1	1					1
benzene		1	X				1			1					1 '
(120-82-1)	1	1	1.		-		1			1					1 '
(120 02 1)	-	1	1			1	-	1							

Part C - Continu	ed														
		2.				NAC	3. LUENT				4. UNITS		INTAK	5. E (options	a)
1. POLLUTANT And CAS NO.	a. Testing	MARK "X" a. Believed	b. Believed	a. Maximum Daily	Value	b. Maximum 30 Value (if avail	)-Day	c. Long-Term Value (if avail		d. No. of	a. Concentration	b. Mass	a. Long-Term Av		b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
GC/MS FRACTI	ON – PESTI	CIDES												1	
1P. Aldrin (309-00-2)			x												
2P. α-BHC (319-84-6)			x												
3P. β-BHC (58-89-9)			X												
4P. gamma-BHC (58-89-9)			х												
5P. δ-BHC (319-86-8)			x												
6P. Chlordane (57-74-9)			x												
7P. 4,4'-DDT (50-29-3)			x												
8P. 4,4'-DDE (72-55-9)			x												
9P. 4,4'-DDD (72-54-8)			x												
10P. Dieldrin (60-57-1)			x												
11P. α- Endosulfan (115-29-7)			x												
12P. β- Endosulfan (115-29-7)			x												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)	<u></u>		x						<u> </u>						

Part C - Continu	ed													5.	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		2. MARK "X"				EFF	3. LUENT				4. UNITS		INTAK	ా. Œ (option:	ıl)
POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	7 Value	b. Maximum 3 Value (if avai	0-Day lable)	c. Long-Term Value (if avai	lable)	d. No. of	a. Concentration	b. Mass	a. Long-Term Av		b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
GC/MS FRACT	ION – PESTI	CIDES													
15P. Endrin Aldehyde (7421-93-4)		;	х												
16P Heptachlor (76-44-8)			x												
17P. Heptaclor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			х												
19P. PCB-1254 (11097-69-1)			х												
20P. PCB-1221 (11104-28-2)			x												
21P. PCB-1232 (11141-16-5)			x												
22P. PCB-1248 (12672-29-6)			X							į.					
23P. PCB-1260 (11096-82-5)			х												
24P. PCB-1016 (12674-11-2)			x												
25P. Toxaphene (8001-35-2)			X												



Box 271 2550 W. Hwy 72 Suite 1

Harlan, KY 40831

Email: rlee@howardeng-geo.com Phone: 606-573-6924

Fax: 606-573-9543

JAN 3 I 2008

January 29, 2008

Natural Resources & Environmental Protection Cabinet Department for Environmental Protection Division of Water Frankfort Office Park, 14 Reilly Road Frankfort, Kentucky 40601

Subject: New Ridge Mining Company

KPDES No.: KY0003492 (Renewal Application) DSMRE No. 848-5434/848-9023/848-9024

Dear Sir:

Attached please find Form 1 and Form C for the above referenced NPDES permit renewal application. A General Location Map on the Evarts 7 ½ minute, USGS topographic map and a cashier's check for \$6400.00 for application fee, have been included. Please contact our office at 606-573-6924 Ext.120 if you need any additional information.

Sincerely,

Robert Lee



**ERNIE FLETCHER** GOVERNOR

#### **ENVIRONMENTAL AND PUBLIC PROTECTION CABINET**

TERESA J. HILL SECRETARY

DEPARTMENT FOR ENVIRONMENTAL PROTECTION DIVISION OF WATER 14 REILLY ROAD FRANKFORT, KENTUCKY 40601 www.kentucky.gov

JAN 3 I 2008

November 28, 2007

New Herizons Coal, Incorporated

-996 Route 990

Coalgood, Kentucky 40818

RE: KPDES No. KY0003492

New Horizons Coal, Incorporated-

Harlan County, Kentucky

NEW RIDGE MINING COMPANY.

Dear Mr. Pankey:

Our records indicate that your Kentucky Pollutant Discharge Elimination System (KPDES) permit is due to expire on June 30, 2008. According to the KPDES Regulation 401 KAR 5:060, "any person with a currently effective permit shall submit a new application at least 180 days before the expiration of the existing permit..." The due date for your permit renewal application is December 31, 2007.

Please complete the enclosed application forms and return to the KPDES Branch, Division of Water, at the above address by the indicated due date. Applications received after the due date are in violation of 401 KAR 5:060, Section 1, which could result in enforcement action being taken.

If you have any questions regarding the completion of these forms, please contact me at (502) 564-8158, extension 470, or Ann Workman at extension 528.

Sincerely,

Vickie L. Prather, Acting Supervisor

Inventory and Data Management Section

**KPDES Branch** 

Division of Water

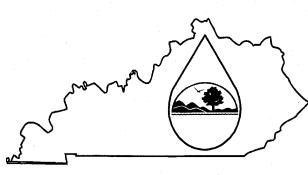
VLP:ASW:asw

**Enclosures** 

C: London Regional Office Division of Water Files



# **KPDES FORM 1**



# KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

JAN 3 1 2008

# PERMIT APPLICATION

This is an application to: (check	one	A complete applic	cation c	onsiste	of this	form	and one	of the	
Apply for a new permit.	one)	following:	canon C	OHOIOIO	or unit	, 101111	and one	OI IIIC	
Apply for reissuance of ex	cpiring permit	Form A, Form B,	Form C	C. Form	ı F. or	Short 1	Form C		
Apply for a construction p					,		-		
Modify an existing permit		For additional in	format	ion co	ntact:				
Give reason for modificat		<b>KPDES Branch</b>	(502) 5	64-341	0				
		AGENCY							
	ND CONTACT INFORMATION	USE							<u> </u>
A. Name of business, municipality, com New Ridge Mining Company	pany, etc. requesting permit								
B. Facility Name and Location		C. Facility Owr	ner/Mai	ling Ac	ldress				
Facility Location Name:		Owner Name:						- "	
New Ridge Mining Company		New Ridge Mining	Compan	y ·					
Facility Location Address (i.e. street, ro	ad, etc.):	Mailing Street:							
006 Pouta 000		P.O. Box 299, Nort	th Bio Cr	eek Rose	1.	•			
996, Route 990 Facility Location City, State, Zip Code:	· · · · · · · · · · · · · · · · · · ·	Mailing City, State			•,				
			•						
Coalgood, Kentucky 40818		Sidney,KY 41564 Telephone Number					<del></del>		
			•						
II. FACILITY DESCRIPTION  A. Provide a brief description of associated areas.	N of activities, products, etc: Coal pro	606-353-7201	dergrou	ınd mir	ne, refu	ıse disp	posal are	eas and	
A. Provide a brief description	N of activities, products, etc: Coal pro		dergrou	ınd mir	ne, refu	ise disp	posal are	eas and	
A. Provide a brief description	N of activities, products, etc: Coal pro		dergrou	ınd miı	ne, refu	ise disp	posal are	eas and	
<ul> <li>A. Provide a brief description of associated areas.</li> <li>B. Standard Industrial Classification</li> </ul>	N of activities, products, etc: Coal pro ation (SIC) Code and Description		dergrou	nd mir	ne, refu	ise disp	posal are	eas and	
<ul> <li>A. Provide a brief description of associated areas.</li> <li>B. Standard Industrial Classification</li> <li>Principal SIC Code &amp;</li> </ul>	of activities, products, etc: Coal products of activities		dergrou	nd mii	ne, refu	ise disp	posal are	eas and	
<ul> <li>A. Provide a brief description of associated areas.</li> <li>B. Standard Industrial Classification</li> <li>Principal SIC Code &amp;</li> </ul>	of activities, products, etc: Coal pro		dergrou	nd mir	ne, refu	use disp	posal are	eas and	
<ul> <li>A. Provide a brief description of associated areas.</li> <li>B. Standard Industrial Classification</li> </ul>	of activities, products, etc: Coal products of activities		dergrou	nd mir	ne, refu	use disp	posal are	eas and	
<ul> <li>A. Provide a brief description of associated areas.</li> <li>B. Standard Industrial Classification Principal SIC Code &amp; Description:</li> <li>Other SIC Codes:</li> </ul>	of activities, products, etc: Coal products of activities		dergrou	nd mii	ne, refu	ise disp	posal are	eas and	
<ul> <li>A. Provide a brief description of associated areas.</li> <li>B. Standard Industrial Classification Principal SIC Code &amp; Description:</li> <li>Other SIC Codes:</li> <li>III. FACILITY LOCATION</li> </ul>	of activities, products, etc: Coal products of activities, products, etc: Coal products of activities, products, etc: Coal products of activities, products, etc: Coal products of activities, products, etc: Coal products of activities, products, etc: Coal products, e	eparation plants, un			ne, refu	ise disp	posal are	eas and	
<ul> <li>A. Provide a brief description of associated areas.</li> <li>B. Standard Industrial Classification of the standard industrial Classification of the standard industrial Classification.</li> <li>Other SIC Codes:</li> <li>III. FACILITY LOCATION</li> <li>A. Attach a U.S. Geological Sur</li> </ul>	ation (SIC) Code and Description  1221 - Same as "A" above  Evey 7 ½ minute quadrangle map for	eparation plants, un	uctions	)			posal are	eas and	
A. Provide a brief description of associated areas.  B. Standard Industrial Classificate Principal SIC Code & Description:  Other SIC Codes:  HI. FACILITY LOCATION  A. Attach a U.S. Geological Sur B. County where facility is located associated as a second control of the county where facility is located as a second county where facilit	ation (SIC) Code and Description  1221 - Same as "A" above  Evey 7 ½ minute quadrangle map for	r the site. (See instr	uctions y is loca	)			posal are	eas and	
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A. Provide a brief description of associated areas.  B. Standard Industrial Classificate Principal SIC Code & Description:  Other SIC Codes:  HI. FACILITY LOCATION  A. Attach a U.S. Geological Sur B. County where facility is located that a control of the surface of the surfac	ation (SIC) Code and Description  1221 - Same as "A" above  vey 7 ½ minute quadrangle map for ted:  harge:	r the site. (See instr	uctions y is loca	) nted (if	applic	cable):		eas and	
A. Provide a brief description of associated areas.  B. Standard Industrial Classificate Principal SIC Code & Description:  Other SIC Codes:  HI. FACILITY LOCATION  A. Attach a U.S. Geological Sur B. County where facility is located that a control of the surface of the surfac	ation (SIC) Code and Description  1221 - Same as "A" above  vey 7 ½ minute quadrangle map for ted:  harge:	the site. (See instr City where facility Near Mary Helen, Ky	uctions y is loca	) nted (if	applic	cable):		eas and	

A. Type of Ownership:	MATION		
Publicly Owned Privately		Both Public and Pri	vate Owned  Federally owned
B. Operator Contact Information (Se Name of Treatment Plant Operator:	e instructions)	Telephone Number:	
N/A			· · · · · · · · · · · · · · · · · · ·
Operator Mailing Address (Street): N/A			
Operator Mailing Address (City, State, Zip Co	de):		
N/A Is the operator also the owner?		Is the operator certified?	If yes, list certification class and number below.
Yes No Certification Class:		Yes No	
Certification Class:		Certification Number:	
· · · · · · · · · · · · · · · · · · ·			
V. EXISTING ENVIRONMENTA	L PERMITS		
Current NPDES Number:	Issue Date of Current Per	mit:	Expiration Date of Current Permit:
KY0003492	3-3-1994		6-30-2008
Number of Times Permit Reissued:	Date of Original Permit Is	ssuance:	Sludge Disposal Permit Number:
4 Kentucky DOW Operational Permit #:	10-28-1983 Kentucky DSMRE Permi	t Number(s):	N/A
N/A	848-5434, 848-9023 and	848-9024	N/A
CATEGORY		RMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	0-81-026		
Solid or Special Waste	N/A		
Hazardous Waste - Registration or Pe	ermit N/A		
VI. DISCHARGE MONITORING	DEPOPTS (DMPs)		
VI. DISCHARGE MONITORING KPDES permit holders are required permit). The information in this secti for submitting DMR forms to the Div	I to submit DMRs to the Di on serves to specifically iden	vision of Water on a tify the department, of	regular schedule (as defined by the KPDES fice or individual you designate as responsible
KPDES permit holders are required permit). The information in this secti	I to submit DMRs to the Di ion serves to specifically iden- vision of Water.	vision of Water on a tify the department, of	fice or individual you designate as responsible
KPDES permit holders are required permit). The information in this secti for submitting DMR forms to the Div	I to submit DMRs to the Dition serves to specifically identifying the serves to specifically identified to serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve t	tify the department, of Technical Water La	fice or individual you designate as responsible
KPDES permit holders are required permit). The information in this secti for submitting DMR forms to the Div.  A. Name of department, office or off	I to submit DMRs to the Dition serves to specifically identifying the serves to specifically identified to serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve to serve the serve t	Technical Water La	fice or individual you designate as responsible
KPDES permit holders are required permit). The information in this secti for submitting DMR forms to the Div.  A. Name of department, office or off.  B. Address where DMR forms are to	I to submit DMRs to the Distriction serves to specifically identification of Water.  Ticial submitting DMRs:  be sent. (Complete only if ad	Technical Water La	fice or individual you designate as responsible
KPDES permit holders are required permit). The information in this secti for submitting DMR forms to the Div.  A. Name of department, office or off.  B. Address where DMR forms are to.  DMR Mailing Name:	to submit DMRs to the Dition serves to specifically identification of Water.  Ticial submitting DMRs:  be sent. (Complete only if ad  DSMRE/Middlesboro  1804 East Cumberland	Technical Water La Idress is different from Regional Office	

VII. APP	LICA	TION	FIL	ING	FEE
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KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

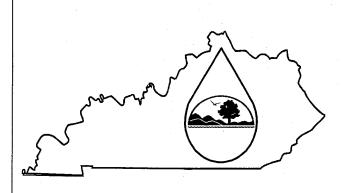
Facility Fee Category:	Filing Fee Enclosed:
Major Industry	\$640.00

#### VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Cathy Frazier, Authorized Agent	606-573-1851
SIGNATURE	DATE:
Cathy Fraz	1-27-08

# **KPDES FORM C**



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

JAN 3 1 2008

#### PERMIT APPLICATION

A complete application consists of this form and Form 1. For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: New Ridge Mining Company	County: Harlan				
	AGENCY				
I. OUTFALL LOCATION	USE				
The second of th	. 10 1 1	 C .1	············	 	

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No.		LATITUDE			LONGITUDE	<b>3</b> - 1 (2) (3-4-1)		
(list)	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	RECEIVING V	WATER (name)
Lake	36	16	55	82	14	13	Turtle Creek	
		,					·	

#### II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO.	OPERATION(S) CONTRIBUT	ING FLOW	TREATMEN	NT
(list)	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
Lake	Mine Management (848-5146)		Preparation Plants	1-U
	Left Fork Imp. (848-9004)		Refuse Impoundment	1-U
	Right Fork Imp. (848-9005)		Refuse Impoundment	1-U

	Yes (Complete the	e following ta	able.)		No (Go	to Section III.)		
OUTFALL	OPERATIONS	FREQU				FLOW		
NUMBER	CONTRIBUTING FLOW	Days Per Week	Months Per Year		Rate ngd)	Total v (specify w		Duration (in days)
(list)	(list)	(specify average)	(specify average)	Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	
III. MAXIM	IUM PRODUCTION	V			1,			
A. Does an e	effluent guideline limi	tation promul	lgated by E	PA under Secti	on 304 of the C	Clean Water Act	apply to your f	acility?
	Yes (Complete Ite	em III-B) List	t effluent gi	uideline catego	ry:			
	Yes (Complete Ite	•	t effluent gu	uideline catego	ry:			•
	No (Go to Section	ı IV)						
<del>_</del> .	` -	ı IV)				on (or other mea	sures of operat	ion)?
	No (Go to Section	i IV)			ms of producti	on (or other mea	sures of operat	ion)?
B. Are the li	No (Go to Section mitations in the applications) Yes (Complete Item)	a IV) cable effluent cm III-C)	guideline e	expressed in ter	rms of productions		- -	
B. Are the li	No (Go to Section mitations in the applications)	a IV) cable effluent cm III-C) cm III-B, list	guideline e	expressed in ter No (Go to S ty which repre	rms of productions of productions of productions of productions of productions of the productions of the productions of produc	al measurement	of your maxi	mum level
B. Are the li	No (Go to Section mitations in the applications of the application of	a IV) cable effluent em III-C) m III-B, list ems and units  MAXIMUN	guideline e	expressed in ter No (Go to S ty which repre applicable effl	rms of productions of productions of productions of productions of productions of the productions of the productions of produc	al measurement	of your maxi	mum level ( lls.
B. Are the li  C. If you ar production	No (Go to Section mitations in the application application). Yes (Complete Itemswered "Yes" to Items, expressed in the terms.	a IV) cable effluent cm III-C) cm III-B, list cms and units	guideline e	No (Go to S ty which represent applicable efflet	ems of production IV) esents the actual uent guideline, luct, Material,	al measurement and indicate the	of your maxi	mum level (lls.
B. Are the li  C. If you ar production	No (Go to Section mitations in the application application). Yes (Complete Itemswered "Yes" to Items, expressed in the terms.	a IV) cable effluent em III-C) m III-B, list ems and units  MAXIMUN	guideline e	No (Go to S ty which represent applicable efflet	ens of productions of IV) esents the actuation guideline,	al measurement and indicate the	of your maxis affected outfa	mum level (lls.
B. Are the li  C. If you ar production	No (Go to Section mitations in the applications of the application of	a IV) cable effluent em III-C) m III-B, list ems and units  MAXIMUN	guideline e	No (Go to S ty which represent applicable efflet	ems of production IV) esents the actual uent guideline, luct, Material,	al measurement and indicate the	of your maxis affected outfa	mum level o
B. Are the li  C. If you ar production	No (Go to Section mitations in the applications of the application of	a IV) cable effluent em III-C) m III-B, list ems and units  MAXIMUN	guideline e	No (Go to S ty which represent applicable efflet	ems of production IV) esents the actual uent guideline, luct, Material,	al measurement and indicate the	of your maxis affected outfa	mum level (lls.
B. Are the li  C. If you ar production	No (Go to Section mitations in the applications of the application of	a IV) cable effluent em III-C) m III-B, list ems and units  MAXIMUN	guideline e	No (Go to S ty which represent applicable efflet	ems of production IV) esents the actual uent guideline, luct, Material,	al measurement and indicate the	of your maxis affected outfa	mum level (lls.
B. Are the li  C. If you ar production  Quantity Per  IV. IMPRO  A. Are you	No (Go to Section mitations in the applications in the application). Yes (Complete Itemswered "Yes" to Items, expressed in the term of the expressed in the expresse	a IV)  cable effluent  em III-C)  m III-B, list  ms and units  MAXIMUM  Measure	the quantiused in the	No (Go to S ty which represent applicable effl  ITY peration, Proceedings  (sp	ection IV) esents the actualized guideline, luct, Material, ecify)	Etc.	of your maxic affected outfar Affected Control (list outfall reduced for the	mum level (lls.  Dutfalls (numbers)
B. Are the li  C. If you ar production  Quantity Per  IV. IMPRO  A. Are you upgrading	No (Go to Section mitations in the applications in the application). Yes (Complete Items wered "Yes" to Items, expressed in the term of the Items of the Items of the Items of the Items of the Items of the Items of the Items of the Items of the Items of the Items of the Items of Items of the Items of	a IV)  cable effluent  em III-C)  m III-B, list  ms and units  MAXIMUM  Measure  y federal, statestewater equals	the quanticused in the O	No (Go to S ty which represent applicable efficients)  ITY peration, Products (sp	esents the actual uent guideline, luct, Material, ecify)	Etc.  Dlementation scl	of your maxis affected outfar Affected Control (list outfall remains which maxis affected Control (list outfall remains which maxis which maxis which maxis which maxis which maxis which maxis affected Control (list outfall remains which maxis affected Control (list outfall remains which maxis affected Control (list outfall remains which maxis affected Control (list outfall remains affected Control (list o	mum level (lls.  Dutfalls (numbers)  construction (ay affect tl
B. Are the li  C. If you ar production  Quantity Per  IV. IMPRO  A. Are you upgrading discharge	No (Go to Section mitations in the applications in the application of the section of war and the section of the	cable effluent em III-C) em III-B, list ems and units  MAXIMUM Measure  y federal, sta astewater equipolication? Ti	the quantiused in the QUANTIO	No (Go to S  ty which represent applicable efficients)  ITY  peration, Production (sp	esents the actual uent guideline, luct, Material, ecify)  meet any impany other envimited to, perm	Etc.  Definition of the second	of your maxical affected outfar Affected Control (list outfall reduced for the rams which make the manuscript of the rams which may be a supplemental to the rams which we have the rams which the rams which we have the rams which will be a supplem	mum level of lls.  Dutfalls numbers)  construction ay affect the
B. Are the li  C. If you ar production  Quantity Per  IV. IMPRO  A. Are you upgrading discharge	No (Go to Section mitations in the applications in the application and the inswered "Yes" to Items and the terms are presented in the terms are presented in the terms are presented in the terms are presented in the section of wars described in this are presented in the application of the presented in the presented in the application of the presented in the	eable effluent em III-C) em III-B, list ems and units  MAXIMUM Measure  y federal, statestewater equipolication? The schedule let	the quanti- used in the  A QUANT O  ate or local uipment or his include ters, stipular	No (Go to S ty which represent applicable effl  ITY peration, Prod (sp	esents the actual uent guideline, luct, Material, ecify)  meet any impany other envimited to, perm	Etc.  Definition of the condition of the conditions are conditions.	of your maxical affected outfar Affected Control (list outfall reduced for the rams which make the manuscript of the rams which may be a supplemental to the rams which we have the rams which the rams which we have the rams which will be a supplem	mum level of lls.  Dutfalls numbers)  construction ay affect the
B. Are the li  C. If you ar production  Quantity Per  IV. IMPRO  A. Are you upgrading discharge orders, er	No (Go to Section mitations in the applications of the application) Yes (Complete Items wered "Yes" to Items wered "Yes" to Items wered in the terms of the application of the application of we application of were described in this application of the applicatio	cable effluent em III-C) em III-B, list ems and units  MAXIMUM Measure  y federal, sta astewater equiplication? The eschedule let e following ta	the quanti- used in the  A QUANT  O  ate or local uipment or his included ters, stipular able)	No (Go to S  ty which represent applicable efflor  ITY peration, Prod (sp	ms of production IV) esents the actual uent guideline, luct, Material, ecify)  meet any impany other environment to, permitted to, permitted to, the IV (Go to Item IV)	Etc.  Dementation science or loan conditions.	Affected Outfall relationship of your maxical affected outfall relationship of the rams which makes which makes a second of the rams	construction ay affect the renforcement
B. Are the li  C. If you ar production  Quantity Per  IV. IMPRO  A. Are you upgrading discharge orders, er	No (Go to Section mitations in the applications in the application and the inswered "Yes" to Items wered "Yes" to Items were and the terms which is a properation of was described in this appropriate the inswered by an expression of was described in this appropriate the inswered by an expression of was described in this appropriate the inswered by the inswered by an expression of the inswered by an expression of the inswered by an expression of the inswered by the inswered b	cable effluent em III-C) em III-B, list ems and units  MAXIMUM Measure  y federal, statestewater equipolication? The schedule let e following ta	the quanti- used in the  A QUANT O  ate or local uipment or his include ters, stipular	No (Go to S  ty which represent applicable effl  ITY peration, Prod (sp  all authority to practices or s, but is not limitations, court or second sec	ms of production IV) esents the actual uent guideline, luct, Material, ecify)  meet any impany other environment to, permitted to, permitted to, the IV (Go to Item IV)	Etc.  Definition of the condition of the conditions are conditions.	Affected Outfall relationship of your maxical affected outfall relationship of the rams which makes which makes a second of the rams	mum level of lls.  Dutfalls numbers)  construction ay affect the

Revised June 1999

environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each

program is now under way or planned, and indicate your actual or planned schedules for construction.

V.	INTAKE AND EFFLUEN	T CHARACTERISTICS		
Α,	space provided	<u>.</u>	one set of tables for each outfall $-A$ d on separate sheets numbered 5-18.	
D.	which you know or have rea	son to believe is discharged or m	RA Title III, Section 313) listed in Talay be discharged from any outfall. Feport any analytical data in your pos	or every pollutant you list,
	POLLUTANT	SOURCE	POLLUTANT	SOURCE
N/A	A			
	· · · · · · · · · · · · · · · · · · ·			
VI.	POTENTIAL DISCHARO	GES NOT COVERED BY ANA	ALYSIS	
Α.	Is any pollutant listed in Iten		nt of a substance which you use or p	roduce, or expect to use or
	Yes (List all su	ch pollutants below)	No (Go to Item VI-B	)
B.			or products can reasonably be expect times the maximum values report	
	Yes (Complete	Item VI-C) No	(Go to Item VII)	
C.		tants which you anticipate will b	ribe in detail to the best of your abili e discharged from each outfall over	

VII. BIOLOGICAL TOXICI	TY TESTING DATA				
Do you have any knowledge of o	r reason to believe that any biolog r in relation to your discharge with	ical test for acute or nin the last 3 years?	chronic tox	icity has been made on an	y of your
Yes (Identify the	ne test(s) and describe their purpos	es below)		No (Go to Section VIII)	
			•		
	· ·				
·					
	·				
VIII. CONTRACT ANALYS	IS INFORMATION				
Were any of the analyses reporte	d in Item V performed by a contra	ct laboratory or con	sulting firm	?	
	me, address, and telephone number	•		No (Go to Section	ın IX)
analyzed	by each such laboratory or firm be	elow)		Z 110 (30 to seem	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	ADDRESS	TELEPH		POLLUTAN	
		(Area code &	number)	ANALYZED	(HST)
	·		-		
· ·					
-					
IX. CERTIFICATION					
I certify under penalty of law th with a system designed to assure of the person or persons who may submitted is, to the best of my k	at this document and all attachme that qualified personnel properly anage the system, or those persons knowledge and belief, true, accura cluding the possibility of fine and i	gather and evaluate directly responsible te, and complete. I	the informa e for gather am aware th	tion submitted. Based on a ing the information, the intact there are significant point.	my inquiry nformation
I certify under penalty of law th with a system designed to assure of the person or persons who may submitted is, to the best of my k	that qualified personnel properly anage the system, or those persons mowledge and belief, true, accuralluding the possibility of fine and i	gather and evaluate s directly responsibl te, and complete. I mprisonment for kn	the informa e for gather am aware th owing viola	tion submitted. Based on a ing the information, the intact there are significant point.	my inquiry nformation enalties for
I certify under penalty of law th with a system designed to assure of the person or persons who may submitted is, to the best of my k submitting false information, inc.  NAME AND OFFICIAL TITLE  Cathy Frazier, Authorized Agen	that qualified personnel properly anage the system, or those persons mowledge and belief, true, accuralluding the possibility of fine and it (type or print):	gather and evaluate s directly responsibl te, and complete. I mprisonment for kn	the informate for gather am aware the owing violation NUM	tion submitted. Based on ing the information, the inat there are significant potentions.	my inquiry nformation enalties for

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing

these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)											OUTFALL NO.			
Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.														
				2. EFFLUENT			3. UNI (specify if	TS	4. INTAKE (optional)					
1. POLLUTANT	a. Maximum	Daily Value	b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of	a. Concentration	b. Mass	a. Long-Term Avg. Value		b.		
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	No of Analyses		
a. Biochemical Oxygen Demand (BOD)														
b. Chemical Oxygen Demand (COD)				·				·						
c. Total Organic Carbon (TOC)						And the con-		·						
d. Total Suspended Solids (TSS)	70.6	0 Mg/1	35.0	Mg/1						1.				
e. Ammonia (as N)				-										
f. Flow (in units of MGD)	VALUE		VALUE		VALUE				MGD	VALUE				
g. Temperature (winter)	VALUE VALUE 41.2				VALUE			. i e	°c	VALUE				
h. Temperature (summer)	VALUE VALUE 74				VALUE			°c		VALUE				
i. pH	MINIMUM 6.0							STANI	DARD UNITS					

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and

requirements.														
1. POLLUTANT		2.				3.	4.		6.					
AND CAS NO.		K "X"	a. Maximum Daily Value		EFFLUENT			<u> </u>		UNITS		INTAKE (optional)		
AND CAS NO.	a.	b.	a. Maximum Da	ny value	b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of	a.	b.	a. Long-Term Avg Value		b. No. of
(if available)	Believed	Believed	(1)	(2)	(1)	(2)	(1)	(2)	Analyses	Concentration	Mass	(1)	(2)	Analyses
	Present	Absent	Concentration	Mass	Concentration	Mass	Concentration	Mass	1 mary ses	Concentiation	112400	Concentration	Mass	
a. Bromide														
(24959-67-9)		· X												
b. Bromine		,												
Total Residual		x												
Residuai	-	^												
c. Chloride		X			1					·				
d. Chlorine,														
Total Residual														
Residual		X												
e. Color		X												
f. Fecal Coliform														
g. Fluoride		X												
(16984-48-8)		x												
h. Hardness (as CaCO <sub>3</sub> )	X		327	3.5-7										
i. Nitrate –			321	Mg/L										
Nitrite (as N)		x								-				
j. Nitrogen,			,											
Total											ľ			
Organic		37								. ]				
(as N) k. Oil and		X	· · · · · · · · · · · · · · · · · · ·											
Grease		. X	1								·			
1. Phosphorous														
(as P), Total	,													
7723-14-0		X	<u> </u>						L					
m. Radioactivity														
(1) Alpha,			1			· · ·								
Total (2) Pote		X												
(2) Beta, Total		x												
(3) Radium														
Total		X												
(4) Radium, 226, Total	1	x	1											
	·	·			1		·	L	<del></del>		L			

Part B - Continue	ed													
1. POLLUTANT	MAR.	2. V "V"			10101	3. FLUENT				4. UNITS		INITAL	5. Œ (option	d).
And CAS NO.	WAR	<u> </u>	a.	-	b. Maximum 3	0-Day	c. Long-Tern		d.	CIVITS		a.		b.
an 1111	a.	b.	Maximum Dail		Value (if avail		Value (if ava		No. of	a.	b.	Long-Term Avg		No. of
(if available)	Believed Present	Believed Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses	Concentration	Mass	(1) Concentration	(2) Mass	Analyses
n. Sulfate (as SO <sub>4</sub> ) (14808-79-8)			78	Mg/l		÷								·
o. Sulfide (as S)		x												
p. Sulfite (as SO <sub>4</sub> ) (14286-46-3)		х					·	,			:			
q. Surfactants		x								·		-		
r. Aluminum, Total (7429-90)		X												
s. Barium, Total (7440-39-3)	-	x												
t. Boron, Total (7440-42-8)		х												
u. Cobalt, Total (7440-48-4)		x							-					
v. Iron, Total (7439-89-6)	x		7.0	Mg/	3.5	Mg/								1
w. Magnesium Total (7439-96-4)		x												
x. Molybdenum Total (7439-98-7)		x												
y. Manganese, Total (7439-96-6)	X		4.0	Mg/	2.0	Mg/								
z. Tin, Total (7440-31-5)		х												
aa. Titanium, Total (7440-32-6)		х		-										

art C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the Testing Required column or all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required C/MS fractions), mark "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Mark "X: in the Believed Absent column for each pollutant you believe to be absent. If you mark there the Testing Required or Believed Present columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete the table (all seven pages) for each outfall. See instructions for additional details and requirements.

3. 4. 5.

1.	2. MARK "X"					EFF	3. LUENT				4. UNITS		INTAK	5. E (option:	al)
OLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	v Value	b. Maximum 3 Value (if avail		c. Long-Term Value (if avail		d. No. of	a. Concentration	b. Mass	a. Long-Term Av	g Value	b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
IETALS, CYAN	NIDE AND T	OTAL PHE	NOLS		<del></del>	1		' <del>'</del>							
M. Antimony															
Total (7440-36-0)	x			0.003	Mg/L										
M. Arsenic,	Α		<del> </del>	0.003	Wig/L		1	-							
Total			1					1							
(7440-38-2)	X			0.001	Mg/L										
M. Beryllium															
Total (7440-41-7)	X			0.002											
M. Cadmium	^			0.003	Mg/L	·	<u> </u>								
Total							-								
(7440-43-9)	X			0.003	Mg/L					İ					
M. Chromium															
Total	x														
(7440-43-9) M. Copper	X			0.002	Mg/L										
Total					1.1										
(7550-50-8)	X			0.01	Mg/L										
M. Lead				,											
Total	1 .,														
(7439-92-1) M. Mercury	X			0.002	Mg/L	-									
Total															
(7439-97-6)	x			0:001	Mg/L				-						
M. Nickel,					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										
Total	1		1		1										
(7440-02-0)	X	· .		0.01	Mg/L	-		1							
0M. Selenium, Total						1									
(7782-49-2)	x			0.002	Mg/L						1				1
1M. Silver,				0.002	g/L		<del> </del>			-		-			
Total				1				1							
(7440-28-0)	X		1	0.01	Mg/L		1			L				L	

Part C - Continued															
		2.					3.				4.		*****	5.	
1.	N	MARK "X"				EFF	LUENT				UNITS			E (optiona	)
POLLUTANT And CAS NO.							) D	c. Long-Term	<b>A</b>			b.	a. Long-Term Avs	· Volue	b.
And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	37-1	b. Maximum 3 Value (if avail		Value (if avail		d. No. of	a. Concentration	Mass	Long-Term Av	g value	No. of
(if available)	Required	Present	Absent	(1)	(2)	(1)	(2)	(1)	(2)	Analyses	Concentration	Mass	(1)	(2)	Analyses
(1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	required	resent	ZEDSCHI	Concentration	Mass	Concentration	Mass	Concentration	Mass	/ Kinny ses			Concentration	Mass	
METALS, CYAN	IDE AND T	OTAL PHE	NOLS (Con								<del>'</del>				
12M. Thallium,														*	1
Total										ļ					1 1
	X			0.1	Mg/L										
13M. Zinc,															
Total															1
(7440-66-6)	X			0.004	Mg/L										
14M. Cyanide, Total							٠.								
(57-12-5)	X			0.01	Mg/L										r l
15M. Phenols,	Λ			0.01	NIg/L				<u> </u>						
Total															1
Total	X	İ		0.01	Mg/L										1
DIOXIN	A		1	0.01	WIEL		L	1	L						
2,3,7,8 Tetra-				DESCRIBE RES	ULTS:							******			
chlorodibenzo,												4			. 1
P, Dioxin			x												
(1784-01-6)										-					
GC/MS FRACTI	ON - VOLA	TILE COM	POUNDS					T							
															1
1V. Acrolein	i		V						l						1 1
(107-02-8) 2V.			X												
Acrylonitrile															1 1
(107-13-1)			X				1								1
3V. Benzene			1												
(71-43-2)			X		_										1
5V. Bromoform															
(75-25-2)			X												
6V. Carbon															
Tetrachloride															
(56-23-5)			X												
7V. Chloro-												1			1
benzene											1				
(108-90-7)			X		1			ļ	ļ	<b> </b>		ļ .			<del>  </del>
8V.	1		1												
Chlorodibro- momethane															
(124-48-1)	1		x										-		
(12-1-40-1)	L	1	1 ^	L	Ь		J	I	<del></del>		1			L	<u> </u>

Part C - Continu	ed														
		2.				'	3.				4.			5.	
1.	1	MARK "X"				EFF	LUENT				UNITS			E (optiona	
POLLUTANT													a.		b.
And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	Value	b. Maximum 3 Value (if avail		c. Long-Term Value (if avail		d. No. of	a. Concentration	b. Mass	Long-Term Av	g value	No. of Analyses
(if available)	Required	Present	Absent	(1)	(2)	(1)	(2)	(1)	(2)	Analyses	Concentiation	Mass	(1)	(2)	Analyses
(	xtequireu	Tresent	/ ADSCAL	Concentration	Mass	Concentration	Mass	Concentration	Mass	/ Kildijses			Concentration	Mass	
9V.							-								
Chloroethane										-					
(74-00-3)			X												
10V. 2-Chloro-										1					
ethylvinyl Ether			1												1
(110-75-8)			X												
11V. Chloroform															
(67-66-3)			Χ .				į								
12V. Dichloro-			^							-					
bromomethane			1												1
(75-71-8)			x												
14V. 1,1-			1												
Dichloroethane															
(75-34-3)			X							,					
15V. 1,2-															
Dichloroethane		1													
(107-06-2)			X												
16V. 1,1-		İ													1
Dichlorethylene															
(75-35-4) 17V. 1,2-Di-			X							ļ					-
chloropropane		İ					İ		i	1					1
(78-87-5)			X							1 .					]
18V. 1,3-			1 A												
Dichloropro-			1												
pylene		1	X					1							
(452-75-6)															
19V. Ethyl-															
benzene															
(100-41-4)			X												<u> </u>
20V. Methyl													•		
Bromide (74.82.0)			l v												
(74-83-9)	L	1	X	·	L	<u> </u>	<u> </u>	L	<u> </u>	1	L	L	L		

Part C - Continu	ed														
1.	1	2. MARK "X"				EFF	3. LUENT				4. UNITS		INTAK	5. E (optiona	
POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	Value	b. Maximum 3 Value (if avail		c. Long-Term Value (if avail		d. No. of	a. Concentration	b. Mass	a. Long-Term Av	g. Value	b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
21V. Methyl Chloride (74-87-3)			X	·	-		-								
22V. Methylene Chloride (75-00-2)			x												
23V. 1,1,2,2- Tetrachloro- ethane (79-34-5)	,		x												·
24V. Tetrachloro- ethylene (127-18-4)			x	·											
25V. Toluene (108-88-3)			x												
26V. 1,2-Trans- Dichloro- ethylene (156-60-5)			x								4 - A				-
27V. 1,1,1-Tri- chloroethane (71-55-6)			X		-										-
28V. 1,1,2-Tri- chloroethane (79-00-5)			X	1.											
29V. Trichloro- ethylene (79-01-6)			X												
30V. Vinyl Chloride (75-01-4)			x							,				-	

Part C - Continu	ed														
1.		2. MARK "X"					3. LUENT				4. UNITS		INTAK	5. E (optiona	al)
POLLUTANT	ı.	MAKK A									0.1.2.0		a.		b.
And CAS NO.	a.	a.	b.	a. Maximum Daily		b. Maximum 3 Value (if avail		c. Long-Term Value (if avail	Avg.	d. No. of	a. Concentration	b. Mass	Long-Term Av	g Value	No. of Analyses
(if available)	Testing Required	Believed Present	Believed Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses	Concentration	171433	(1) Concentration	(2) Mass	1.
GC/MS FRACTI	ON – ACID (	COMPOUN	DS												
1A. 2-Chloro-									l .	-					
phenol			37												1
(95-57-8) 2A. 2,4-			X												
Dichlor-					i						-				
Orophenol	1.0		X												1
(120-83-2)	1						İ								
3A.															1
2,4-Dimeth-															
ylphenol			X					ļ							
(105-67-9)			ļ				ļ								
4A. 4,6-Dinitro- o-cresol					1										
(534-52-1)			X		1				l						
5A. 2,4-Dinitro-							<u> </u>								
phenol		1													1
(51-28-5)		L	X												
6A. 2-Nitro-															
phenol			1		1						,				
(88-75-5) 7A. 4-Nitro-			X			<u> </u>			<del> </del>			-		-	
phenol								'							
(100-02-7)			X								Ì				
8A. P-chloro-m-						<del>                                     </del>									
cresol															
(59-50-7)			X			1									ļ
9A.															
Pentachloro- phenol			x												
(87-88-5)			^												
(07-00-3)		-		<u> </u>			<del>                                     </del>								
10A. Phenol				'			1								
(108-05-2)			X												
11A. 2,4,6-Tri-													1		
chlorophenol												1.			
(88-06-2)	TON DAGE	OF THE PERSON : -	X	1		1			Ь.	1		L	1		
GC/MS FRACT 1B. Acena-	ION – BASE	NEUTRAL	COMPOU	NDS	1		T	T			1	T	1		
Distriction of the phthene	1					1		1	1			1			
(83-32-9)			x												
(05 52 5)	1	1	1.4	1	.1	1			<del></del>						

Part C - Continu	ed														
	_	2.					3.				4. UNITS		TNITE A IZ	5. E (optiona	an i
1. POLLUTANT	I	MARK "X"				EFF	LUENT				UNIIS		a.	ь (ориона	b.
And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	Value	b. Maximum 3 Value (if avail		c. Long-Term Value (if avail		d. No. of	a. Concentration	b. Mass	Long-Term Av	g Value	No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses	Concentration	172433	(1) Concentration	(2) Mass	
GC/MS FRACTI	ON – BASE/	NEUTRAL	COMPOUN			Control		1							
2B. Acena-															-
phtylene (208-96-8)			x												
3B. Anthra-															
cene (120-12-7)			Х												
4B.															
Benzidine (92-87-5)			X												
5B. Benzo(a)-															1
anthracene						ļ									1
(56-55-3)			X				ļ					ļ			
6B. Benzo(a)- pyrene															
(50-32-8)			х												
7B. 3,4-Benzo- fluoranthene								İ							
(205-99-2)	I		x												
8B. Benzo(ghl)		-	A	1			<u> </u>								
perylene					1										
(191-24-2)			X												
9B. Benzo(k)-															
fluoranthene			v												
(207-08-9) 10B. Bis(2-		ļ <u>.</u>	X						-	ļ					-
chlor-															
oethoxy)-			X												
methane	-	1													
(111-91-1)															
11B. Bis (2-chlor-													1		
oisopropyl)-			X		i .										
Ether															
12B. Bis															
(2-ethyl-				.]	1				1			1			
hexyl)- phthalate			X						1		1				
(117-81-7)															

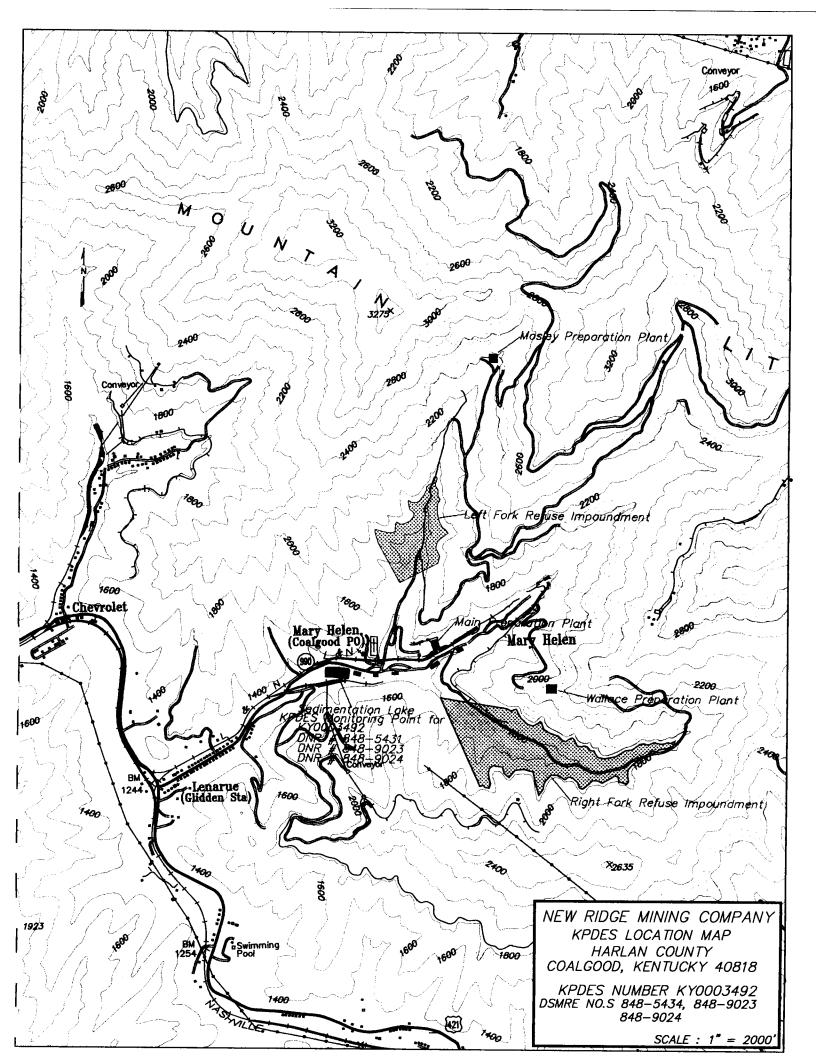
Part C - Continu	ed														
		2.			- 1		3.				4.		******	5.	.
1. POLLUTANT	1	MARK "X"				EFF	LUENT				UNITS	r	INTAK a.	E (optiona	b.
And CAS NO.	_		١,			b. Maximum 3	0 ID	c. Long-Term		d.	a.	b.	Long-Term Av	π Volue	No. of
And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	Value	Value (if avail		Value (if avail	Avg.	No. of	Concentration	Mass	Long-Term 114	5 Tarac	Analyses
(if available)	Required	Present	Absent	(1)	(2)	(1)	(2)	(1)	(2)	Analyses	Concentration	112400	(1)	(2)	1
	z.cqcu	1 tesent	, resource	Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
GC/MS FRACT	ON - BASE/	NEUTRAL	COMPOUN						·		·				
13B. 4-Bromo-															
phenyl					1										
Phenyl ether		1	X												
(101-55-3)															<del>  </del>
14B. Butyl-				ļ											
benzyl	]		1												
phthalate			X												
(85-68-7) 15B. 2-Chloro-	ļ				-	<del> </del>			ļ	-					
naphthalene					-										1.
(7005-72-3)			x							}					
16B. 4-Chloro-			1			<del> </del>									
phenyl					l				1						
phenyl ether			X			-									
(7005-72-3)			1.			,									
1		1													
17B. Chrysene						l .									
(218-01-9)			X												
18B. Dibenzo-		1		i '											
(a,h)		1	1		-		1								
Anthracene			X						İ			İ			
(53-70-3)		1			ļ	-			<del> </del>	-					-
19B. 1,2- Dichloro-	1	1													1
benzene		1	X												
(95-50-1)			Λ				1			1		İ			
20B. 1,3-					<b>†</b>										
Dichloro-			1.									-			
Benzene			X			1									
(541-73-1)															<b></b>
21B. 1,4-							1					1	1		
Dichloro-			1 .	-			1 -	-							
benzene			X					1							
(106-46-7)								ļ							
22B. 3,3-					1		.					-	1		
Dichloro-	1		1,7				.								
benzidene (91-94-1)			X									1		1	
23B. Diethyl	+	1	<u> </u>		+	1	+	+	<del> </del>	<del>                                     </del>		<del>                                     </del>		<b> </b>	<del>                                     </del>
Phthalate					1									1	
(84-66-2)			x						1						
_(5. 55 <b>2</b> )			1.1												

Part C - Continu	ed														
		2.					3.				4.			5.	
1.	l l	MARK "X"				EFF	LUENT	,			UNITS	,		E (option:	
POLLUTANT												١.	a.		b.
And CAS NO.	a. Testing	a.	b.	a. Maximum Dail	. X7.1	b. Maximum 3		c. Long-Term		d.	a.	b.	Long-Term Av	g. value	No. of Analyses
(if available)	Required	Believed Present	Believed Absent			Value (if avail		Value (if avail		No. of Analyses	Concentration	Mass	(1)	(2)	Allalyses
(II available)	Keguireu	rresent	Absent	(1) Concentration	(2)	(1)	(2) Mass	(1)	(2) Mass	Analyses			Concentration	Mass	
GC/MS FRACTI	ON DACE	NEUTEDAT	COMPOUN		Mass	Concentration	Iviass	Concentration	Iviass	<u> </u>	L	J	Concentration	111433	ــــــــــــــــــــــــــــــــــــــ
24B. Dimethyl	ON - BASE	NEUIKAL	COMPOUN	(Continued)	1	T	T	<del></del>	1	Τ		T	1		T
Phthalate			l												
(131-11-3)			x												
25B. Di-N-	<b></b>		Α		<del> </del>										
butyl Phthalate		1													
(84-74-2)			X							1					
26B.									<b></b>	+		<del>                                     </del>		-	<del> </del>
2,4-Dinitro-						' -									
toluene			X							1					
(121-14-2)									İ	ı					
27B.								T							
2,6-Dinitro-															
toluene			X .		l	la control of									
(606-20-2)					1										
28B. Di-n-octyl															
Phthalate															
(117-84-0)			X				ļ								
29B. 1,2-													-		
diphenyl-								1							İ
hydrazine (as			X				1								
azonbenzene)									1						
(122-66-7) 30B.			ļ		ļ		ļ:		-	-		-			<del> </del>
Fluoranthene															-
(208-44-0)	l		X												
(200-44-0)			Λ		<del> </del>					+			<del> </del>		1
31B. Fluorene			ŀ		1										
(86-73-7)		*	X		1.										
32B.	l		1						<del> </del>						
Hexachloro-															
benzene			X												
(118-71-1)		1			-		İ								
33B.					İ										
Hexachloro-							-								
butadiene		İ	X				İ								-
(87-68-3)				1 1 2	1		L					ļ.			
34B.	-												1		
Hexachloro-			1								1	1			
cyclopenta-			X												
diene (77-47-4)							1	1					1		
(11-41-4)	<u> </u>		L	L								L		L	1

Part C - Continu	art C - Continued														
		2.					3.				4.			5.	
1.		MARK "X"				EFF	LUENT				UNITS			E (optiona	
POLLUTANT			_									_	a.		b.
And CAS NO.	a.	a.	b.	a.		b. Maximum 3		c. Long-Term		d.	а.	b.	Long-Term Avg	g Value	No. of
(if available)	Testing	Believed	Believed	Maximum Daily		Value (if avail		Value (if avail		No. of	Concentration	Mass	(1)	(2)	Analyses
(II avanable)	Required	Present	Absent	(1)	(2)	(1)	(2)	(1)	(2)	Analyses			(1) Concentration	(2) Mass	
GC/MS FRACTI	ON DACE	NEW CERT A T	COMPONE	Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
35B. Hexachlo-	UN - BASE/	NEUIKAL	COMPOUN	DS (Continued)			I								
roethane				-											
(67-72-1)			x						1						
36B. Indneo-			Α												
(1,2,3-oc)-															
Pyrene			X												
(193-39-5)		ļ													
37B.															
Isophorone			i e	-											-
(78-59-1)			X												
38B.															
Napthalene						1									-
(91-20-3)			X												
39B.													-		
Nitro-	i ·		1							-					
benzene			X					· ·							
(98-95-3)			ļ			ļ									
40B. N-Nitroso-								5						.	
dimethyl- amine			X					•		1					
(62-75-9)			^	-											
41B.							-			<del></del>					
N-nitrosodi-n-															i .
propylamine			X												
(621-64-7)			^^												
42B. N-nitro-					T .										
sodiphenyl-	1														
amine			Χ .												
(86-30-6)	l														
43B. Phenan-											*				
threne				-					[						
(85-01-8)	ļ	ļ	X							-					
1470 70	1									1					
44B. Pyrene (129-00-0)	ŀ		v		1										
45B. 1,2,4 Tri-	ļ		X				-			<b></b>					
45B. 1,2,4 1ri-					1					İ					
benzene	1		x												-
(120-82-1)			^												
(120 02 1)	<del></del>		1	<u> </u>	L	1			L	1	L		L		

Part C - Continu	3.														
											4. UNITS				a l
1. POLLUTANT	N	MARK "X"				EFF	LUENT		1		Civils		a.		b.
And CAS NO.	a.	a.	b.	a. Maximum Daily	X7-1	b. Maximum 30 Value (if avail		c. Long-Term A Value (if availa	Avg.	d. No. of	a. Concentration	b. Mass	Long-Term Avg	. Value	No. of Analyses
(if available)	Testing Required	Believed Present	Believed Absent	(1)	(2)	(1)	(2)	(1)	(2)	Analyses	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(1) Concentration	(2) Mass	
	an promi	CIDEO.		Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentiation	111100	-
GC/MS FRACTI	ON - PESTI	CIDES					1								
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			x												
(319-64-0)			, , , , , , , , , , , , , , , , , , ,												
3P. β-BHC (58-89-9)			X												
4P. gamma-BHC (58-89-9)			x					-							
5P. δ-BHC (319-86-8)			x	-											
6P. Chlordane (57-74-9)			x												
7P. 4,4'-DDT (50-29-3)			x		-										
8P. 4,4'-DDE (72-55-9)			x												
9P. 4,4'-DDD (72-54-8)			x												
10P. Dieldrin (60-57-1)			X												
11P. α- Endosulfan (115-29-7)			X												
12P. β- Endosulfan		,											¥		
(115-29-7) 13P. Endosulfan Sulfate			X												
(1031-07-8) 14P. Endrin (72-20-8)			X												

Part C - Continu	ed														
1	ľ	2. MARK "X"				EFF	3. LUENT				4. UNITS		INTAK	5. E (optiona	ıl)
POLLUTANT										_			a.		b.
And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	Value	b. Maximum 3 Value (if avail		c. Long-Term Value (if avail		d. No. of	a. Concentration	b. Mass	Long-Term Av	g value	No. of Analyses
(if available)	Required	Present	Absent	(1)	(2)	(1)	(2)	(1)	(2)	Analyses			(1) Concentration	(2) Mass	
GC/MS FRACTI	ON – PESTI	CIDES		Concentration	Mass	Concentration	Mass	Concentration	Mass			l	Concentration	Mass	
15P. Endrin															
Aldehyde (7421-93-4)			x		-										
(1421-93-4)			Λ												
16P Heptachlor															
(76-44-8) 17P. Heptaclor			X												
Epoxide															
(1024-57-3)			X												
18P. PCB-1242															
(53469-21-9)			X												
19P. PCB-1254													-	-	
(11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
(11141-10-3)			^												
22P. PCB-1248												-			
(12672-29-6)			X				-								
23P. PCB-1260															
(11096-82-5)			X												
24P. PCB-1016															
(12674-11-2)			X												
25P. Toxaphene															
(8001-35-2)			x												



Box 271 2550 W. Hwy 72 Suite 1 Harlan, KY 40831

Email: rlee@howardeng-geo.com

Phone: 606-573-6924 Fax: 606-573-9543

JAN 3 1 2008

January 29, 2008

Natural Resources & Environmental Protection Cabinet Department for Environmental Protection Division of Water Frankfort Office Park, 14 Reilly Road Frankfort, Kentucky 40601

Subject: New Ridge Mining Company

KPDES No.: KY0003492 (Renewal Application) DSMRE No. 848-5434/848-9023/848-9024

Dear Sir:

Attached please find Form 1 and Form C for the above referenced NPDES permit renewal application. A General Location Map on the Evarts 7 ½ minute, USGS topographic map and a cashier's check for \$6400.00 for application fee, have been included. Please contact our office at 606-573-6924 Ext.120 if you need any additional information.

Sincerely,

Robert Lee



**ERNIE FLETCHER** GOVERNOR

### **ENVIRONMENTAL AND PUBLIC PROTECTION CABINET**

TERESA J. HILL SECRETARY

DEPARTMENT FOR ENVIRONMENTAL PROTECTION DIVISION OF WATER 14 REILLY ROAD FRANKFORT, KENTUCKY 40601 www.kentucky.gov

November 28, 2007

JAN 3 1 2008

New Herizons Coal, Incorporated

-996 Route 990

Coalgood, Kentucky 40818

RE: KPDES No. KY0003492

New Herizons Coal, Incorporated

Harlan County, Kentucky

NEW RIDGE MINING COMPANY.

Dear Mr. Pankey:

Our records indicate that your Kentucky Pollutant Discharge Elimination System (KPDES) permit is due to expire on June 30, 2008. According to the KPDES Regulation 401 KAR 5:060, "any person with a currently effective permit shall submit a new application at least 180 days before the expiration of the existing permit..." The due date for your permit renewal application is December 31, 2007.

Please complete the enclosed application forms and return to the KPDES Branch, Division of Water, at the above address by the indicated due date. Applications received after the due date are in violation of 401 KAR 5:060, Section 1, which could result in enforcement action being taken.

If you have any questions regarding the completion of these forms, please contact me at (502) 564-8158, extension 470, or Ann Workman at extension 528.

Sincerely.

Vickie L. Prather, Acting Supervisor

Inventory and Data Management Section

**KPDES** Branch

Division of Water

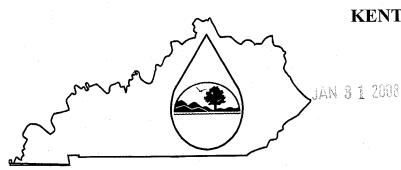
VLP:ASW:asw

**Enclosures** 

C: London Regional Office Division of Water Files



# **KPDES FORM 1**



### KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

## PERMIT APPLICATION

	A complete application consists of this form and one of the
Apply for a new permit	following:
Apply for reissuance of expiring permit.	Form A, Form B, Form C, Form F, or Short Form C
Apply for a construction permit.	
Modify an existing permit.	For additional information contact:
Give reason for modification under Item II.A.	KPDES Branch (502) 564-3410
	AGENCY
I. FACILITY LOCATION AND CONTACT INFORMATION	USE
A. Name of business, municipality, company, etc. requesting permit	
New Ridge Mining Company	C. Facility Owner/Mailing Address
B. Facility Name and Location	Owner Name:
Facility Location Name:	Owner runner
New Ridge Mining Company	New Ridge Mining Company
Facility Location Address (i.e. street, road, etc.):	Mailing Street:
006 Pouto 900	P.O. Box 299, North Big Creek Road,
996, Route 990 Facility Location City, State, Zip Code:	Mailing City, State, Zip Code:
	Sidney VV 11561
Coalgood, Kentucky 40818	Sidney,KY 41564 Telephone Number:
	606-353-7201
II. FACILITY DESCRIPTION	
A. Provide a brief description of activities, products, etc: Coal pre	paration plants, underground mine, refuse disposal areas and
associated areas.	
B. Standard Industrial Classification (SIC) Code and Description	
Principal SIC Code &	
Description: 1221 - Same as "A" above	
Other SIC Codes:	
III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for	r the site. (See instructions)
B. County where facility is located:	City where facility is located (if applicable).
Harlan	Near Mary Helen, Ky
C. Body of water receiving discharge:	
Turtle Creek	To the Gir I with the (degrees minutes seconds):
D. Facility Site Latitude (degrees, minutes, seconds):	Facility Site Longitude (degrees, minutes, seconds):
36-48-50	83-15-25
	1
E. Method used to obtain latitude & longitude (see instructions):	USGS 7 1/2 topographic quadrangle map
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	N/A

IV. OWNER/OPERATOR INFORM	ATION		
A. Type of Ownership:  ☐ Publicly Owned ☐ Privately C		Both Public and P	rivate Owned  Federally owned
B. Operator Contact Information (See i		Both I done and I	True Owned   Tederary owned
Name of Treatment Plant Operator:		Telephone Number:	
N/A Operator Mailing Address (Street):			
N/A			
Operator Mailing Address (City, State, Zip Code) N/A	:		
Is the operator also the owner? Yes No			i? If yes, list certification class and number below.
Certification Class:		Certification Number:	<u> </u>
V. EXISTING ENVIRONMENTAL			
Current NPDES Number:	Issue Date of Current Pe	rmit:	Expiration Date of Current Permit:
KY0003492	3-3-1994		6-30-2008
Number of Times Permit Reissued:	Date of Original Permit	Issuance:	Sludge Disposal Permit Number:
4	10-28-1983		N/A
Kentucky DOW Operational Permit #:	Kentucky DSMRE Perm	it Number(s):	
N/A	848-5434, 848-9023 and	848-9024	N/A
C. Which of the following additional er			PERMIT NEEDED WITH
CATEGORY	EXISTING PE	RMIT WITH NO.	PLANNED APPLICATION DATE
Air Emission Source	0-81-026		
Solid or Special Waste	N/A		
Hazardous Waste - Registration or Perr	nit N/A		
VI. DISCHARGE MONITORING F	FPORTS (DMRs)		
KPDES permit holders are required to	submit DMRs to the D serves to specifically ider	ivision of Water on atify the department, o	a regular schedule (as defined by the KPDES office or individual you designate as responsible
A. Name of department, office or offici	al submitting DMRs:	Technical Water I	Laboratories
B. Address where DMR forms are to be	sent. (Complete only if a	ddress is different fro	m mailing address in Section I.)
DMR Mailing Name:	DSMRE/Middlesboro	Regional Office	
DMR Mailing Street:	1804 East Cumberlan	d Avenue	
DMR Mailing City, State, Zip Code:	Middlesboro, KY 409	065	
DMR Official Telephone Number:	606-248-6166		

VII. APPLICATION FILING	G FE!	В.
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KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

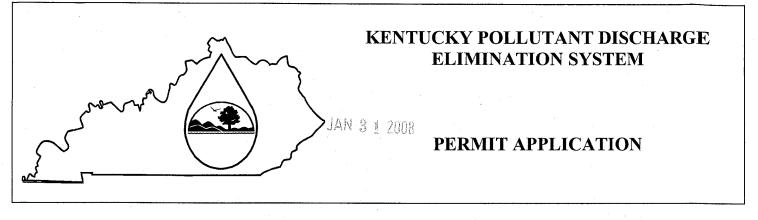
Facility Fee Category:	Filing Fee Enclosed:
Major Industry	\$640.00

#### VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TELEPHONE NUMBER (area code and number):
606-573-1851
DATE:
1-27-08

### **KPDES FORM C**



A complete application consists of this form and Form 1. For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: New Ridge Mining Company	County: Harlan	
	AGENCY	
I. OUTFALL LOCATION	USE	

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No.	de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la	LATITUDE			LONGITUDI				
(list)	(list) Degrees		Minutes Seconds		Degrees   Minutes   Seconds		RECEIVING WATER (name)		
Lake	36	16	55	82	14	13	Turtle Creek		
	, -			**					
			-						

#### II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO.	OPERATION(S) CONTRIBUT	ING FLOW	TREATMENT		
(list)	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1	
Lake	Mine Management (848-5146)		Preparation Plants	1-U	
	Left Fork Imp. (848-9004)		Refuse Impoundment	1-U	
	Right Fork Imp. (848-9005)		Refuse Impoundment	1-U	
,					

	Yes (Complete the	e following ta	able.)	$\boxtimes$	No (Go	to Section III.)			
OUTFALL	OPERATIONS	FREQU	ENCY			FLOW			
NUMBER	JMBER CONTRIBUTING FLOW		Months Per Year	Flow Rate (in mgd)		Total v (specify w		Duration (in days)	
(list)	(list)	(specify average)	(specify average)	Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily		
					·		4		
	-								
III. MAXIN	1UM PRODUCTION	J							
			1 - 4 - 4 1 171	DA 1 C+	204 - 54 6	VI VX7-4 A -4		en ailite e	
A. Does an	effluent guideline limi	Ī.				lean water Act	appiy to your i	acinty?	
	Yes (Complete Ite	em III-B) List	t effluent gu	ideline catego	ry:				
$\boxtimes$	No (Go to Section	ı IV)							
	No (Go to Section		guideline e	expressed in ter	ms of production	on (or other mea	sures of operat	tion)?	
	mitations in the applic	cable effluent				on (or other mea	sures of operat	tion)?	
B. Are the l	mitations in the applic	cable effluent		No (Go to S	Section IV)				
B. Are the lace.	mitations in the applic	cable effluent em III-C) m III-B, list	the quantit	No (Go to S	Section IV)	al measurement	of your maxi	mum level o	
B. Are the lace.	Yes (Complete Ite	eable effluent em III-C) m III-B, list ems and units	the quantit	No (Go to S ty which repre applicable effl	Section IV)	al measurement	of your maxi	mum level o	
B. Are the land	Yes (Complete Itenswered "Yes" to Itens, expressed in the ten	cable effluent em III-C) m III-B, list	the quantitused in the	No (Go to S ty which repre applicable effl  ITY peration, Proc	Section IV) esents the actual luent guideline,	nl measurement and indicate the	of your maxi	mum level o	
B. Are the land	Yes (Complete Itenswered "Yes" to Itens, expressed in the ten	em III-C) m III-B, list ms and units  MAXIMUN	the quantitused in the	No (Go to S ty which repre applicable effl  ITY peration, Proc	Section IV) esents the actual luent guideline,	nl measurement and indicate the	of your maxi	mum level o	
B. Are the land	Yes (Complete Itenswered "Yes" to Itens, expressed in the ten	em III-C) m III-B, list ms and units  MAXIMUN	the quantitused in the	No (Go to S ty which repre applicable effl  ITY peration, Proc	Section IV) esents the actual luent guideline,	nl measurement and indicate the	of your maxi	mum level o	
B. Are the land	Yes (Complete Itenswered "Yes" to Itens, expressed in the ten	em III-C) m III-B, list ms and units  MAXIMUN	the quantitused in the	No (Go to S ty which repre applicable effl  ITY peration, Proc	Section IV) esents the actual luent guideline,	nl measurement and indicate the	of your maxi	mum level o	
B. Are the land	Yes (Complete Itemswered "Yes" to Itemswered in the tensor, expressed in the tensor Day Units of	em III-C) m III-B, list rms and units MAXIMUN Measure	the quantit used in the	No (Go to S ty which repre applicable effl  ITY peration, Proc (sp	Section IV) esents the actual luent guideline, luct, Material, ecify)	al measurement and indicate the	of your maxi affected outfa Affected ( (list outfall i	mum level of lls.  Dutfalls numbers)	
B. Are the land of	Yes (Complete Itemswered "Yes" to Itemswered "Yes" to Items, expressed in the tensor, expressed in the tensor Day Units of OVEMENTS  now required by an	em III-C) m III-B, list ms and units MAXIMUM Measure	the quantit used in the QUANTI O	No (Go to S ty which repre applicable effl  ITY peration, Proc (sp	Section IV) esents the actual luent guideline, luct, Material, lucty)	al measurement and indicate the Etc.	of your maxic affected outfar  Affected ( (list outfall in the continuous of the continuous outfall in the continuous of the continuous outfall in t	mum level of lls.  Dutfalls numbers)	
B. Are the land the l	Yes (Complete Itemswered "Yes" to Itemswered "Yes" to Itemswered in the tensor, expressed in the tensor.  The Day Units of DVEMENTS  The properties of the p	em III-C)  m III-B, list ms and units  MAXIMUM Measure  y federal, st astewater equipoplication? T	the quantit used in the M QUANTI Operation of the distribution of	No (Go to Sty which represented applicable efflorm)  ITY  peration, Proceeding (sp. 1)  It authority to practices or s, but is not li	section IV) esents the actual luent guideline, luct, Material, luctify)  meet any impany other envi	Etc.  Dlementation scl ronmental progit conditions, ac	Affected (list outfall in medule for the rams which in liministrative o	mum level of lls.  Dutfalls numbers)  construction may affect the	
B. Are the land the l	Yes (Complete Itemswered "Yes" to Itemswered "Yes" to Itemswered in the temporal variety of the secondary of	em III-C)  m III-B, list ms and units  MAXIMUM Measure  y federal, st astewater equipoplication? T	the quantit used in the M QUANTI Operation of the distribution of	No (Go to Sty which represented applicable efflorm)  ITY  peration, Proceeding (sp. 1)  It authority to practices or s, but is not li	section IV) esents the actual luent guideline, luct, Material, luctify)  meet any impany other envi	Etc.  Dlementation scl ronmental progit conditions, ac	Affected (list outfall in medule for the rams which in liministrative o	mum level of lls.  Dutfalls numbers)  construction may affect the	
B. Are the land of	Yes (Complete Itemswered "Yes" to Itemswered "Yes" to Itemswered in the tensor, expressed in the tensor.  The Day Units of DVEMENTS  The properties of the p	em III-C) m III-B, list ms and units  MAXIMUM Measure  y federal, st astewater equiplication? Te schedule let	the quantitused in the QUANTI Of Office at the or local uipment or his includes tters, stipular	No (Go to Sty which represented applicable efflorm)  ITY  peration, Proceeding (sp. 1)  I authority to practices or style by the practices or style to pra	section IV) esents the actual luent guideline, luct, Material, luctify)  meet any impany other envi	Etc.  Dementation scronmental progit conditions, acordion conditions.	Affected (list outfall in medule for the rams which in liministrative o	mum level of lls.  Dutfalls numbers)  construction may affect the	
C. If you as production  Quantity Pe  IV. IMPRO A. Are you upgradint discharge orders, estimated to the production of th	Yes (Complete Itemswered "Yes" to Itemswered "Yes" to Itemswered in the tensor, expressed in the tensor DVEMENTS  DVEMENTS  now required by an g, or operation of west described in this approach of the second of t	m III-B, list ms and units  MAXIMUM  Measure  y federal, st astewater equiplication? Te schedule let e following to	the quantitused in the Al QUANTI Of Office attempts of the includes the stipular able)	No (Go to Sty which represent applicable efflorm)  ITY  peration, Proceeding (sp. 1)  It authority to practices or s, but is not limitations, court or limitations.	esents the actual luent guideline, luct, Material, luct, Material, lucify)  meet any impany other environment to, permitted to, permitted to, control of the	Etc.  Dementation sci ronmental progit conditions, acordion condition.  7-B)	Affected (list outfall and and and affected (list outfall and and and and and and and and and and	mum level of alls.  Dutfalls numbers)  construction may affect the renforcement	
B. Are the land of	Yes (Complete Itemswered "Yes" to Itemswered "Yes" to Itemswered in the tensor.  The Day Units of Unit	m III-B, list ms and units  MAXIMUM  Measure  y federal, st astewater equiplication? Te schedule let e following to	the quantitused in the QUANTI Of Office at the or local uipment or his includes tters, stipular	No (Go to Sty which represented applicable efflorm)  ITY  peration, Proceeding (sp. 1)  It authority to practices or stations, court or stations,	esents the actual luent guideline, luct, Material, luct, Material, lucify)  meet any impany other environment to, permitted to, permitted to, control of the	Etc.  Dementation scronmental progit conditions, acordion conditions.	Affected (list outfall and and and affected (list outfall and and and and and and and and and and	mum level of lls.  Dutfalls numbers)  construction may affect the	
C. If you as production  Quantity Pe  IV. IMPRO A. Are you upgradint discharge orders, estimates the production of the p	Yes (Complete Itemswered "Yes" to Itemswered "Yes" to Itemswered in the tensor, expressed in the tensor DVEMENTS  DVEMENTS  now required by an g, or operation of west described in this approach of the second of t	em III-C) m III-B, list ms and units  MAXIMUM Measure  y federal, st astewater equiplication? T e schedule let e following ta	the quantitused in the MQUANTI Op Op Op Op Op Op Op Op Op Op Op Op Op	No (Go to Sty which represented applicable efflorm)  ITY  peration, Proceeding (sp. 1)  It authority to practices or stations, court or stations,	esents the actual luent guideline, luct, Material, luct, Material, lucify)  meet any impany other environment to, permitted to, permitted to, control of the	Etc.  Dementation sci ronmental progit conditions, acordion condition.  7-B)	Affected (list outfall in the rams which is the rams which in the rams which is the rams which in the rams which is the rams which is the rams which is the rams which in the rams which is the rams which in the rams which is the	mum level of lls.  Dutfalls numbers)  construction may affect the renforcement	

Revised June 1999

environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each

program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAI	KE AND EFFLUEN	T CHARACTERISTICS		
A, B, & C:	space provided		e one set of tables for each outfall – 2 led on separate sheets numbered 5-18	
which y	ou know or have rea	son to believe is discharged or	ARA Title III, Section 313) listed in may be discharged from any outfall. report any analytical data in your po	For every pollutant you list,
PO	LLUTANT	SOURCE	POLLUTANT	SOURCE
N/A				
	· · · · · · · · · · · · · · · · · · ·			
VI. POTE	NTIAL DISCHARO	GES NOT COVERED BY AN	NALYSIS	
		n V-C a substance or a componers as an immediate or final prod	ent of a substance which you use or luct or byproduct?	produce, or expect to use or
	Yes (List all su	ich pollutants below)	No (Go to Item VI-	В)
B. Are yo	ur operations such thage of pollutants may	at your raw materials, processed during the next 5 years exceed	s, or products can reasonably be expe two times the maximum values repo	ected to vary so that your rted in Item V?
	Yes (Complete	Item VI-C)	No (Go to Item VII)	
expecte	answered "Yes" to Ite ad levels of such pollu al sheets if you need	atants which you anticipate wil	scribe in detail to the best of your ab l be discharged from each outfall ove	ility at this time the sources and er the next 5 years. Continue on

20 ) 0 11 11 11 11 1	e of or reason to l	believe that any biologi	cal test for acu	ite or chronic	toxicity has be	en made on any of yo	
lischarges or on a receiving	g water in relation	to your discharge with	in the last 3 ye	ears?			
Yes (Iden	ntify the test(s) and	d describe their purpos	es below)		No (Go to Section VIII)		
						,	
III. CONTRACT AN	ALYSIS INFOR	MATION					
Vere any of the analyses i		r C 11	at laboratory	r consulting f	irm?		
an	alyzed by each suc	s, and telephone number ch laboratory or firm be	elow)				
NAME		ADDRESS	and the second s	LEPHONE ode & numbe	r)	POLLUTANTS ANALYZED (list)	
				<del></del>			
X. CERTIFICATION							
tifu under nenelty of	law that this doc	ument and all attachme	ents were prep	ared under my	y direction or	supervision in accord	
certily under penalty of	assure that qualif	fied personnel properly	gather and ev	anuate the info	thering the in	formation, the information	
with a system designed to		system, or mose person	ate, and combi	ete. I am awa	ie mai mere a	re significant penaltie	
with a system designed to of the person or persons	of my Imovyledge	and bener, nue, accur-				-	
with a system designed to of the person or persons	of my Imovyledge	possibility of fine and	imprisonment	for knowing v	riolations.		
with a system designed to of the person or persons submitted is, to the best submitting false informat	of my knowledge ion, including the	possibility of fine and	imprisonment	for knowing v	ioiauons.	a code and number):	
with a system designed to of the person or persons submitted is, to the best of submitting false information.  NAME AND OFFICIAL	of my knowledge ion, including the TITLE (type or p	possibility of fine and	imprisonment TI	ELEPHONE N	ioiauons.		
with a system designed to of the person or persons submitted is, to the best of submitting false informat  NAME AND OFFICIAL  Cathy Frazier Authorize	of my knowledge ion, including the TITLE (type or p	possibility of fine and rint):	TI 60	ELEPHONE N 6-573-1851 ATE	ioiauons.		

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND	EFFLUENT CH	ARACTERIST	ICS (Continued fro	om page 3 of For	rm C)	144 (1)				OUTFALL NO.		
Part A – You must j	provide the results	s of at least one a	nalysis for every po	llutant in this tab	le. Complete one tal	ole for each outfa	II. See instructions					
				2. EFFLUENT				3. UNI (specify if			i. INTAKE (optional)	
1. POLLUTANT	a. Maximum	Daily Value	b. Maximum 3 (if avail		c. Long-Term . (if availa		d. No. of	a. Concentration	b. Mass	a. Long-Term A	Avg. Value	b.
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	No of Analyses
a. Biochemical Oxygen Demand (BOD)												
b. Chemical Oxygen Demand (COD)												
c. Total Organic Carbon (TOC)												-
d. Total Suspended Solids (TSS)	70.0	) Mg/1	35.0	Mg/1								
e. Ammonia (as N)												
f. Flow (in units of MGD)	VALUE		VALUE		VALUE				MGD	VALUE		
g. Temperature (winter)	VALUE	41.2	VALUE		VALUE				°c	VALUE		
h. Temperature (summer)	VALUE	74	VALUE	, "	VALUE				°c	VALUE		
i. pH	MINIMUM 6.0	MAXIMUM 9.0	MINIMUM 6.0	MAXIMUM 9.0				STAN	IDARD UNITS			

Part B - In the MARK "X" column, place an "X" in the <u>Believed Present</u> column for each pollutant you know or have reason to believe is present. Place an "X" in the <u>Believed Absent</u> column for each pollutant you believe to be absent. If you mark the <u>Believed Present</u> column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and

requirements.														
1.	2					3.				4. UNITS		INTAL	6. Œ (option	al)
POLLUTANT AND CAS NO.	MAR a.	k "X" b.	a. Maximum Dai	ly Value	b. Maximum 3	LUENT O Day	c. Long-Tern	Ava	d.	UNIIS		a. Long-Term		b.
AND CAS NO.	a.	ь.	a. Maximum Dai	ny value	Value (if avail		Value (if ava		No. of	a.	b.	Value		No. of
(if available)	Believed	Believed	(1)	(2)	(1)	(2)	(1)	(2)	Analyses	Concentration	Mass	(1)	(2)	Analyses
	Present	Absent	Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
a. Bromide														
(24959-67-9) b. Bromine		X												
Total														
Residual		X												
					-									
c. Chloride		X												
d. Chlorine, Total	İ		·											
Residual		Х			N									
10070000														-
e. Color		X												·
f. Fecal														
Coliform g. Fluoride		X												
(16984-48-8)		X												
h. Hardness														
(as CaCO <sub>3</sub> )	X		327	Mg/L						_				
i. Nitrate – Nitrite (as N)		x							1					
j. Nitrogen,		<del>                                     </del>												
Total						ĺ								
Organic														
(as N)		X				-								
k. Oil and Grease		X												
1. Phosphorous		<u>^</u>												
(as P), Total			4.4										-	
7723-14-0	ļ	X		<u> </u>	<u> </u>	<u>.</u>			L	L			L	L
m. Radioactivity												•		
(1) Alpha,	<del> </del>	1	T	1		T		Γ						
Total		X												
(2) Beta,														
Total	<b></b>	X		-		-	ļ	ļ	ļ			<del> </del>		
(3) Radium Total	1.	x												
(4) Radium,	1	A				<del>                                     </del>								
226, Total		X		<u> </u>				<u> </u>	L	<u> </u>	L	<u> </u>	L	L
					,									

Part B - Continue	ed				· .							,		
1.	2				-	3.				4. UNITS		INTAK	5. E (option	al)
POLLUTANT And CAS NO.	MAR	K "X"	a.		b. Maximum 3	LUENT	c. Long-Tern	Ανα	d.	UNIIS		a.	E (option	b.
Allu CAS NO.	a.	b.	Maximum Daily	v Value	Value (if avail		Value (if avai		No. of	a.	b.	Long-Term Avg		No. of
(if available)	Believed Present	Believed Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses	Concentration	Mass	(1) Concentration	(2) Mass	Analyses
n. Sulfate (as SO <sub>4</sub> ) (14808-79-8)			78	Mg/l	·									
o. Sulfide (as S)		x												
p. Sulfite (as SO <sub>4</sub> ) (14286-46-3)		х				-	·				-			
q. Surfactants		X												
r. Aluminum, Total (7429-90)		х												
s. Barium, Total (7440-39-3)		X												
t. Boron, Total (7440-42-8)		X												-
u. Cobalt, Total (7440-48-4)		X												
v. Iron, Total (7439-89-6)	х		7.0	Mg/	3.5	Mg/								
w. Magnesium Total (7439-96-4)		X												
x. Molybdenum Total (7439-98-7)		X												
y. Manganese, Total (7439-96-6)	X		4.0	Mg/	2.0	Mg/								
z. Tin, Total (7440-31-5)		x												
aa. Titanium, Total (7440-32-6)		x												

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the Testing Required column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Mark "X: in the Believed Absent column for each pollutant you believe to be absent. If you mark either the Testing Required or Believed Present columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1.	ת	2. MARK "X"					3. LUENT				4. UNITS			5. E (optiona	
POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	Value	b. Maximum 3 Value (if avail		c. Long-Term Value (if avail		d. No. of	a. Concentration	b. Mass	a. Long-Term Av	-	b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
METALS, CYAN	IDE AND T	OTAL PHE	NOLS .												,
1M. Antimony Total (7440-36-0)	X			0.003	Mg/L										
2M. Arsenic,															
Total (7440-38-2)	X			0.001	Mg/L										
3M. Beryllium Total	**										,				
(7440-41-7)	X			0.003	Mg/L										
4M. Cadmium Total						·						-			
(7440-43-9)	X			0.003	Mg/L										
5M. Chromium															
Total															
(7440-43-9)	X			0.002	Mg/L										
6M. Copper Total															
(7550-50-8)	X			0.01	Mg/L										
7M. Lead Total		1.0													
(7439-92-1)	X			0.002	Mg/L										
8M. Mercury				0.000											
Total															
(7439-97-6)	X			0.001	Mg/L		L								
9M. Nickel,	-														]
Total (7440-02-0)	X			0.01	Mg/L				1		* .				
10M. Selenium,	12			0.01	1118/2		<u> </u>								
Total															
(7782-49-2)	X			0.002	Mg/L										
11M. Silver,															
Total (7440-28-0)	x			0.01	Mg/L										

Part C - Continu	ed														
		2.					3.				4.			5.	n
1.	. N	IARK "X"	,			EFF	LUENT				UNITS		INTAKI a.	E (optiona	1)
POLLUTANT						b. Maximum 3	n D	c. Long-Term	A	d.	a.	b.	Long-Term Avg	Value	b.
And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	Value	Value (if avail		Value (if avail		No. of	Concentration	Mass	Long-Term Avg	, value	No. of
(if available)	Required	Present	Absent	(1)	(2)	(1)	(2)	(1)	(2)	Analyses	Concentration	112400	(1)	(2)	Analyses
(11 11 11 11 11 11 11 11 11 11 11 11 11	Required	Z I Cocine	1 I Docine	Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
METALS, CYAN	NIDE AND TO	OTAL PHE	NOLS (Con	tinued)											
12M. Thallium,															
Total															
(7440-28-0)	X			0.1	Mg/L										
13M. Zinc,															
Total															
(7440-66-6)	X			0.004	Mg/L										
14M. Cyanide, Total					-										
(57-12-5)	X			0.01	Mg/L										
15M. Phenols,	A			0.01	III D										
Total															
	x			0.01	Mg/L										
DIOXIN															
2,3,7,8 Tetra-				DESCRIBE RES	ULTS:										
chlorodibenzo,			Ì												1
P, Dioxin			X												
(1784-01-6)	<u> </u>		1	` .											
GC/MS FRACT	ION – VOLA	TILE COM	POUNDS	T		1	1	T	1						
IV. Acrolein															1
(107-02-8)			X												
2V.			11		1										
Acrylonitrile	1														
(107-13-1)			X							L					
3V. Benzene															
(71-43-2)			X				<u> </u>								
5V. Bromoform (75-25-2)			x												
6V. Carbon															
Tetrachloride													i		
(56-23-5)			X				-								<del>                                     </del>
7V. Chloro-								1							
benzene			1	7	i										
(108-90-7)	1	ļ	X		<u> </u>		ļ			-		<del></del>			
8V.															
Chlorodibro- momethane						1									
(124-48-1)			X												
(124-40-1)	1	.1	1.^	1	<u> </u>	1	<del></del>								

Part C - Continu	ed														
1.		2. MARK "X"					3. LUENT				4. UNITS		INTAK	5. E (optiona	
POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	Value	b. Maximum 3 Value (if avail	D-Day	c. Long-Term Value (if avail		d. No. of	a. Concentration	b. Mass	a. Long-Term Av		b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
9V. Chloroethane (74-00-3)			х				-								
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X		-										
11V. Chloroform (67-66-3)			X												
12V. Dichloro- bromomethane (75-71-8)			Х							.*					
14V. 1,1- Dichloroethane (75-34-3)			Х												
15V. 1,2- Dichloroethane (107-06-2)			X												
16V. 1,1- Dichlorethylene (75-35-4)		-	X	-											
17V. 1,2-Di- chloropropane (78-87-5)			X	-											
18V. 1,3- Dichloropro- pylene (452-75-6)			x					3					. *		
19V. Ethyl- benzene (100-41-4)			x												
20V. Methyl Bromide (74-83-9)			X											-	

Part C - Continu	ed														
		2.					3.				4.		V3.170.4.77	5.	
1.	I I	MARK "X"				EFF	LUENT				UNITS			E (optiona	b.
POLLUTANT And CAS NO.				_		b. Maximum 3	) Day	. T T	A	a a		b.	a. Long-Term Avg	Value	No. of
And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	Volne	Value (if avail		c. Long-Term Value (if avail		d. No. of	a. Concentration	Mass	Long-Term Avg	, vaiuc	Analyses
(if available)	Required	Present	Absent	(1)	(2)	(1)	(2)	(1)	(2)	Analyses	Concentration	111133	(1)	(2)	
(ii available)	Required	ricschi	Absent	Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
21V. Methyl															
Chloride						4.									
(74-87-3)			X												<u> </u>
22V. Methylene															1
Chloride	100														1 1
(75-00-2)		ļ	X												
23V. 1,1,2,2- Tetrachloro-				77.4											
ethane		ŀ	X												
(79-34-5)			Α							}					
24V.															
Tetrachloro-															1
ethylene			X												
(127-18-4)															
1															1
25V. Toluene															
(108-88-3) 26V. 1,2-Trans-		ļ	X		<u> </u>										
Dichloro-															1
ethylene		]	X												
(156-60-5)	1		177	ŀ											
27V. 1,1,1-Tri-										1					
chloroethane		-													
(71-55-6)			X		ļ										<del></del>
28V. 1,1,2-Tri- chloroethane															
(79-00-5)	İ		X		ŀ										
29V. Trichloro-	<u> </u>	1	<u> </u>		-				<del> </del>						
ethylene															
(79-01-6)			X												
30V. Vinyl															1.
Chloride	1					1							1		1
(75-01-4)	<u> </u>	<u> </u>	X							J		L			

Part C - Continue	ed						2				4.	1		5.	
	_	2.					3. LUENT				UNITS			E (optiona	1)
1. POLLUTANT And CAS NO.	a.	AARK "X"	b. Believed	a. Maximum Daily	Value	b. Maximum 30 Value (if avail	)-Day	c. Long-Term Value (if avail		d. No. of	a. Concentration	b. Mass	a. Long-Term Av		b. No. of Analyses
(if available)	Testing Required	Believed Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
GC/MS FRACTI	ON - ACID	COMPOUN	DS							·					
1A. 2-Chloro- phenol (95-57-8)			x												
2A. 2,4- Dichlor- Orophenol (120-83-2)			X												
3A. 2,4-Dimeth- ylphenol (105-67-9)	-		x												
4A. 4,6-Dinitro- o-cresol (534-52-1)			X												
5A. 2,4-Dinitro- phenol (51-28-5)			X												
6A. 2-Nitro- phenol (88-75-5)			X												
7A. 4-Nitro- phenol (100-02-7)			x												
8A. P-chloro-m- cresol (59-50-7)			x												
9A. Pentachloro- phenol (87-88-5)			x												
10A. Phenol (108-05-2)			x												
11A. 2,4,6-Tri- chlorophenol (88-06-2)			X												
GC/MS FRAC	TION – BASE	E/NEUTRAJ	L COMPOU	INDS		· ·			1	т	T			T	1
1B. Acena- phthene (83-32-9)			x												

Part C - Continu	ed										4.			5.	
		2.					3. LUENT				UNITS		INTAK	E (optiona	1)
1. POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	Value	b. Maximum 3 Value (if avail	)-Day	c. Long-Term Value (if avail	able)	d. No. of	a. Concentration	b. Mass	a. Long-Term Av		b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
GC/MS FRACT	ION - BASE/	NEUTRAL	COMPOUN	DS (Continued)				r		r		r			
2B. Acena- phtylene (208-96-8)			x												
3B. Anthra- cene (120-12-7)			x												
4B. Benzidine (92-87-5)			х												-
5B. Benzo(a)- anthracene (56-55-3)			X												
6B. Benzo(a)- pyrene (50-32-8)			X												
7B. 3,4-Benzo- fluoranthene (205-99-2)			X												
8B. Benzo(ghl) perylene (191-24-2)			X												
9B. Benzo(k)- fluoranthene (207-08-9)			X												
10B. Bis(2- chlor- oethoxy)-			X										·		
methane (111-91-1) 11B. Bis									-						
(2-chlor- oisopropyl)- Ether			x												
12B. Bis (2-ethyl- hexyl)- phthalate			x												
(117-81-7)						1			1				1		

Part C - Continu	ed														
		2.					3.				4. UNITS		INITAL	5. E (optiona	.n
1.		MARK "X"				EFFI	LUENT				UNIIS		a.	E (Options	b.
POLLUTANT And CAS NO.	a. Tastina	a. Believed	b. Believed	a. Maximum Daily	Value	b. Maximum 30 Value (if avail		c. Long-Term Value (if avail	Avg.	d. No. of	a. Concentration	b. Mass	Long-Term Av	g Value	No. of Analyses
(if available)	Testing Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses	Concentration	141433	(1) Concentration	(2) Mass	
GC/MS FRACTI	ON - BASE/	NEUTRAL	COMPOUN		MIASS	Concentration	Mass	Concentration	111433						
13B, 4-Bromo-	DASE/	- I COLL	COMPOCI	DS (Continued)											
phenyl				, i											
Phenyl ether			X	-											
(101-55-3)															
14B. Butyl-								1							
benzyl phthalate	1		x												1 1
(85-68-7)			^												
15B. 2-Chloro-															
naphthalene															l .
(7005-72-3)			X			1									
16B. 4-Chloro-															
phenyl							2				,				
phenyl ether (7005-72-3)	-		X												
(7003-72-3)			-												
17B. Chrysene															1
(218-01-9)			X												
18B. Dibenzo-															
(a,h)								Ì	-						
Anthracene (53-70-3)			X											`	1
19B. 1,2-															
Dichloro-														· ·	
benzene			X												1
(95-50-1)															
20B. 1,3-		1							İ						
Dichloro- Benzene			x												
(541-73-1)			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1 -		İ .								
21B. 1,4-	<del>                                     </del>		-		1	-	-								
Dichloro-					1			1		1					
benzene			X												1
(106-46-7)			1				ļ								
22B. 3,3-														l	
Dichloro-			N.								1			1	
benzidene (91-94-1)	ľ		X								1				
23B. Diethyl	<del> </del>	-	-		<del> </del>	1		1	<del> </del>	<b>——</b>					
Phthalate										1					
(84-66-2)			X			1								<u> </u>	
			·												

Part C - Continu	ed														
		2.					3.				4. UNITS		INITA IZ	5. E (optiona	JN
1.		MARK "X"				EFF	LUENT				UNITS		a.	r (obnons	b.
POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	Volue	b. Maximum 3 Value (if avail	0-Day	c. Long-Term Value (if avail		d. No. of	a. Concentration	b. Mass	Long-Term Avg	. Value	No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses	Concentration		(1) Concentration	(2) Mass	
GC/MS FRACTI	ON - BASE/	NEUTRAL	COMPOUN		112400	Concentration	172400				J				
24B. Dimethyl															
Phthalate (131-11-3)			x												
25B. Di-N- butyl Phthalate															
(84-74-2)			X												
26B. 2,4-Dinitro-															
toluene (121-14-2)			X						-						
27B. 2,6-Dinitro-															
toluene (606-20-2)			X												
28B. Di-n-octyl Phthalate															
(117-84-0) 29B. 1,2-			X				_	<u> </u>		ļ					
diphenyl- hydrazine (as			x		,	. 1									
azonbenzene) (122-66-7)															
30B. Fluoranthene															
(208-44-0)		-	X	ļ	1	· .			-						<b>_</b>
31B. Fluorene (86-73-7)			x								i .				
32B. Hexachloro-															
benzene (118-71-1)			X												
33B. Hexachloro-															
butadiene (87-68-3)			X			-		* .							
34B. Hexachloro- cyclopenta-			X												
diene (77-47-4)			X									-			

Part C - Continu	ed														
		2.					3.				4.			5.	
1.	N	MARK "X"				EFF.	LUENT				UNITS			E (optiona	
POLLUTANT And CAS NO.													a. Long-Term Av	- 3/- I	b. No. of
And CAS NO.	a.	a. Believed	b. Believed	a. Maximum Daily	. 37-1	b. Maximum 3		c. Long-Term Value (if avail	Avg.	d. No. of	a. Concentration	b. Mass	Long-Term Av	g value	Analyses
(if available)	Testing Required	Present	Absent	(1)	(2)	Value (if avail	(2)	(1)	(2)	Analyses	Concentration	Mass	(1)	(2)	Analyses
(II available)	Required	Tresent	Abscut	Concentration	Mass	Concentration	Mass	Concentration	Mass	Analyses			Concentration	Mass	1
GC/MS FRACTI	ON - BASE/	NEUTRAL.	COMPOUN		171433	Concentration	112433	Concentration	14.6655						
35B. Hexachlo-	DI DI NOZI	12011212	COMPOCI	Do (continueu)											
roethane	· ·		1							1	-				
(67-72-1)			X												
36B. Indneo-															
(1,2,3-oc)-					,		1			1					
Pyrene			x					-		1					
(193-39-5)															
37B.															
Isophorone										1					
(78-59-1)			X			1									
38B.															
Napthalene			l												1
(91-20-3)		1	X				}								
39B.															
Nitro-	1	1		1						1					
benzene			X												·
(98-95-3)															
40B. N-Nitroso-															
dimethyl-															
amine	l		X												
(62-75-9)									l						-
41B.		İ			-					1 .					
N-nitrosodi-n-	1							ì							
propylamine			X						1						
(621-64-7)															
42B. N-nitro-							1								
sodiphenyl-					i		-								
amine			X												
(86-30-6)			ļ		ļ				<u> </u>						
43B. Phenan-								1							
threne			1					1							1
(85-01-8)			X		-				ļ						1
1															
44B. Pyrene			1								-				1
(129-00-0)			X				ļ	ļ	<del> </del>			<del> </del>	<u> </u>		
45B. 1,2,4 Tri-					1				1						
chloro-			l							1					
benzene			X		1		1		l	1	1				1
(120-82-1)			L	l	J	1	L	L	L		L		l .		

Part C - Continu	ed														
		2. MARK "X"					3. LUENT				4. UNITS		INTAK	5. E (optiona	I)
1. POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	Value	b. Maximum 3 Value (if avail	)-Day	c. Long-Term Value (if avail	Avg.	d. No. of	a. Concentration	b. Mass	a. Long-Term Avg	g. Value	b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
GC/MS FRACT	ON – PESTI	CIDES		Concentration	1.2400										
1P. Aldrin (309-00-2)	:		х												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (58-89-9)			X												
4P. gamma-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			x												
11P. α- Endosulfan (115-29-7)			x												
12P. β- Endosulfan (115-29-7)			x					,							
13P. Endosulfan Sulfate (1031-07-8)			x												
14P. Endrin (72-20-8)			x												

Part C - Continu	ed														
	1. MARK "X"			3							4.		5.		
				EFFLUENT							UNITS		INTAKE (optional)		
POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
And CAS NO.															
(if available)	Required	Present	Absent	(1)	(2)	(1)	(2)	(1)	(2)	Analyses	Concents atton	Nation	(1)	(2)	1
(				Concentration	Mass	Concentration	Mass	Concentration	Mass		•	A	Concentration	Mass	
GC/MS FRACTI	ON – PESTI	CIDES										,			
15P. Endrin									-						
Aldehyde (7421-93-4)			v.												
(/421-93-4)			X												
16P Heptachlor															
(76-44-8)			х						20						
17P. Heptaclor															
Epoxide															
(1024-57-3)		-	X		ļ										
18P. PCB-1242															1
(53469-21-9)	-		X				1				-				
19P. PCB-1254			1					İ							ł .
(11097-69-1)			X		-										$\vdash$
20P. PCB-1221	,														
(11104-28-2)			x												
21P. PCB-1232															
(11141-16-5)			X		ļ							-			
22P. PCB-1248															
(12672-29-6)			X												
23P. PCB-1260									ĺ						1
(11096-82-5)		· · · · · · · · · · · · · · · · · · ·	X				ļ								<del></del>
24P. PCB-1016															
(12674-11-2)		1	X												
25P. Toxaphene					1										
(8001-35-2)	l	L	X		L			1	L	<u> </u>	L	L	L		

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